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ORIGINAL COMMUNICATIONS.

On the Organizing of the American Medical Association. Read before the Philadelphia County Medical Society, Feb. 1852.
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NOTE.—The subject of the following discourse was not discussed by the Society owing probably to the lateness of the hour ; but it was ordered to be published and largely disseminated *nem. dissent.* the meeting being very full.

Americans have always considered that government has its just foundation, beginning, and *primum mobile* in the will of the people ; and ample experience, both in the general and state governments, has shown that they have not been mistaken. Upon the same principle, every church in the United States, except one, has established its government ; and here too, success has demonstrated that wisdom presided at their councils and directed the religious republics. Even the Church of England, when brought to America, suddenly and spontaneously assumed a republican form. It might be said in a metaphor, that transplanted to our soil, it sprang up a beautiful tree of liberty,

bearing flowers and fruits delighting to the eyes and pleasing to the taste of a simple republican people. In England, all power in the church proceeds from the Queen. She nominates the Bishops, they appoint the Rectors, these appoint their Vicars, the people of the parishes being obliged to receive whatever is imposed upon them in the shape of clergymen. In America, on the contrary, the parishoners elect their clergymen, a convention of the clergy and laity elect their Bishop. Thus all power in this church proceeds from the people, as it ought ever to do, when the people are qualified to govern themselves.

In accordance with these illustrious examples in Church and State, the physicians of America ought surely to be governed: that is, by an equal and just representation from their own body. This we cannot doubt is their will and their will ought to be respected and obeyed. The American Medical Association is not a republican institution—it is aristocratical both in its origin and in its continuance. Of this however we do not complain. Its origin was anomalous, but there was perhaps no other way in which a large body of respectable men could be so quickly got together. In all cases of difficulties, dangers, or pressing necessities, that cannot be met or subserved in the regular course of action, some commanding spirits may assume a temporary authority. Thus when the stamp-act required the immediate action of the American people, the Assembly of Massachusetts Bay took measures to have a Congress called from all the Colonies to meet at New York, and ten Colonies obeyed the summons. So when the state of our Profession in America seemed to require that support and protection which the laws denied, the Medical Society of New York summoned a convention which has resolved itself into the American Medical Association.

This has now become nearly *functus officio*, it has acted its part well, it has done its duty, and it is now time for it to prepare for dissolution, in order to be re-constituted in a republican form. It assumed power and has used it well; but now when the continuance of this power is no longer necessary, it cannot be patiently yielded; let the Association then lay it down and grant to the people, or let them assume, their just representative government.

To the continuance of the present system much longer, some valid objections have been made.

The Profession is very unequally represented. The Constitution says—"The Delegates shall receive their appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing."

Now it happens that in cities, a physician who is a member of several institutions, is elected by them all, and he goes to the Association as a Bashaw with many tails. Sometimes he rejects his supernumerary honors and calls himself a delegate from some favorite institution only. Colleges furnished with five or seven professors, send two of their members, and hence it happens, that the collective colleges in the United States have an over proportion of representation. This has created dissatisfaction, and to a degree apparently over-proportioned to the cause; it resembles too much the election of members of Parliament from the rotten boroughs of England. So when an hospital or any other institution is supplied with only one physician, this one may go every year, to represent himself.

All permanently organized medical institutions of good standing are permitted to send delegates. Now who is to determine whether certain institutions are *permanently organized*, and also, whether they are of *good standing*? "Oh! the Association will reject at its meeting all that do not come within the letter, provided an accusation is brought." Indeed! but this would be a very troublesome procedure and extremely invidious, rendering the accuser almost hateful. It occurred in Philadelphia, in Charleston, and it was on the very verge of giving infinite trouble at Boston.

Again—two or three physicians who would not be received into any Association of *good standing*, may suddenly call themselves a *Society permanently organized*, and then send a delegation. When you hear this new Society announced at the Association, you are ready to cry out like Dido—who is this stranger—*Quis novus hic nostris successit sedibus hospes?* There does not appear any reason whatever that we shall not see a delegation to Richmond from the female medical college. Nay, it is highly probable that next May will exhibit such a monstrous medical

phenomenon as will leave nothing worse for posterity to gaze upon.*

It has been strongly objected to the present constitution, that a very small proportion of the physicians of the United States can ever become members. The Association has now been continued through five annual meetings, and it does not number 920 both living and dead. Many of these have attended every meeting, and not a few will continue to attend every year as long as they live; partly because they are connected with colleges, hospitals, and other associations, each consisting of a small number of members. Some plan, it has been thought, ought therefore, to be adopted for rendering the institution more catholic, by which every respectable physician in the Union may attain membership.

One great object of the Association is to render the profession more respectable by improving its individual members; for in every great body of people, as clergymen, lawyers, and physicians, however high their pretensions, there will always be found some who are hardly worthy of fellowship. Now if there are any means of tempting these people to improve themselves, it consists in firing their ambition. Hold out to them the hopes of a fellowship in the great Association, and they will soon prove themselves worthy thereof. When they have the watchful eyes of the County Society upon them, they will improve daily in all good properties and qualities.

Not a few members of the Association hold themselves forth as such in the title pages of their various publications; now if this membership exalts even authors and teachers in their own estimation, how greatly will inferior men be delighted to have it known in their villages, that they too have been favored with this enviable distinction! Thus in a village, where every one knows the history and present state of his neighbor and where no dereliction can pass unnoticed, a physician will not rest night or day till he render himself worthy of a membership in the County Society; for admission to this, according to the plan we are about to propose, makes him at once a member of the great Association of American Physicians.

* Nil erit ulterius quod nostris moribus addat
Posteritas—

Juv. Sat. i.

The admission of members *by invitation*, is thought highly objectionable. *Delegates* are sent to transact the business of the American physicians; to them and to them only it ought to be confided. Suppose Congress or the State Legislatures had permission to invite some favorites into their body, with the privilege of declaiming and voting, what think you would be the result? Moreover the inviting of these members is an invidious thing. Some will be admitted and some rejected, sometimes through ignorance and sometimes through caprice, or something worse. I have seen the most worthy rejected and the most unworthy admitted.

The privilege granted to what are called *permanent members*, of attending all subsequent meetings and partaking in the debates, is a monstrous anomaly and an outrage on common sense. Grant to ex-members of Congress the same privilege, and when think you would their debates find an end? Moreover, a man who is a delegate this year, may soon be turned out of his society for misconduct. How would you feel in meeting him at the Association as a permanent member?

The organization to be now proposed is this:

1. Let the Association be composed of Delegates from County Societies only.

2. Let every man receive, as soon as he is elected into his County Society, a diploma, testifying that he is a member of said County Society, of the State Society, and of the American Medical Association. He is then one of the great body of the brethren in the United States; he is ready to be elected a delegate whenever his fellows see fit to elect him; he is ready to give his vote in the election of others; he is now a member of the great medical republic of his country. He therefore values his diploma from the County Society more than that from the University; for the latter only testifies that he is a Doctor of Medicine, the former makes known that in addition to this, he is now a respectable citizen, a practitioner in good repute, and a member of the American Medical Association. Tis true, he may never be made a delegate, time and chance happeneth to all men; he may not even desire this honor, but he is not less a member of the Association because he may never sit in their meetings. We are not less citizens of the United States because we have not been dele-

gated to Congress; we are citizens of Pennsylvania, contributing to and partaking in its government, though never deputed as legislators. We are Episcopalians, Presbyterians or Methodists, as soon as we are formally admitted into these churches, though we may never be sent to their Conventions.

Do you call this nothing? But all others consider it of great importance to their happiness. See how eagerly the young man of 21 years runs to the polls; see how impatient are foreigners for naturalization, that they too may vote for legislators, when they have no hope of becoming such themselves. The members of County Societies may give their instructions to their delegates; this little privilege is highly valued in politics, why should it not be in medicine?

On the plan now proposed, all power proceeds from the people, that is from the medical public. This accords with our political system; it accords also with our religious system, except in the *Mother Church*. The very essence of this church is to be unchanged and unchangeable, hence it cannot accommodate.

The advantages of our plan are many and more than can be now set forth. The government of individuals would be more perfect. This would devolve upon the County Societies. Each physician, except in large cities, is intimately acquainted with every medical man in his county, and thus all are qualified to judge whether A B or C ought to be admitted or rejected. They are also best qualified to ascertain who is fittest to be sent to the American Association. The County Societies then with open eyes will be the most desirable portals to the medical profession; and their triune diploma will prove a draft for respect and consideration wherever presented.

This organization would annihilate at once all the inveterate jealousy of the schools that now exists in the Profession, by putting all men on a perfect equality in respect to their representative rights. The Professors would be elected Delegates with regard to their talents and learning, and not as at present on account of their fortunate station.

It is of primary importance, to add to the respectability of the County Societies—this would be done by securing the attendance of the *magnates* in the profession, and causing them to take a hearty interest in the business. These Societies are the *Alpha*

and *Omega* of the government of individuals, they are the outposts of the profession, and every means of rendering them respectable ought to be used. Our great men, finding no other portal to the State Society or to the great Association, would attend them more faithfully, and greatly add to their popularity and usefulness.

We should avoid all the confusion and troublesome collisions that now obtain in the election of Delegates. It often happens at present, that the same men are elected from several different institutions of which they are members, as Universities, Hospitals, Colleges, and various societies; now to avoid this unjust accumulation of honors on a few general favorites, much trouble must always be incurred.

The organization proposed would prevent delegations from all unworthy societies. Under the present constitution, as observed above, a few men, two or three, who would not be received into any respectable Society, may suddenly coalesce and send a delegate, with whom you would not be willing to act in a committee.

Dr. Yardley, seeing clearly the many and weighty objections to the present constitution of the Association, brought before our Society, about 12 months ago, a resolution, that it ought to be composed of Delegates from County Societies only. This passed after being considered at three meetings, but with an amendment including delegates from State Societies also. A committee was appointed to lay this resolution before the Association. This was done and a committee of five was then appointed by the Association, and instructed to report at next meeting "whether, to use their own words, some more equitable plan of representation cannot be adopted." To this committee, on motion of Dr. Yardley, the resolution of our Society was referred; so that the subject will be agitated at the meeting in Richmond. To this please to add, that our same resolution was brought before the State Society and almost unanimously approved.

This was a great step towards a reform which might possibly answer nearly all the good ends in view, but it labours under a very troublesome impediment, that of including delegations from State Societies. It is the custom in these to appoint a committee for the purpose of nominating officers and delegates for the coming year—suppose one committee man to be appointed

from every county, (and this is the custom) what would he do but recommend for delegate some particular and favored friend? Thus you have a delegate to the Association appointed by one man when he ought to have been appointed by a majority of the whole County Society. There would moreover be some danger from mutual favors among the committee which has got the odious name of log-rolling.

Another trouble would be, that the same man might be elected both by the State and County Societies. It is clear that the avoiding of this would give infinite trouble.

It has been thought by one of our number and perhaps by others, that the Association should be composed of delegates from State Societies only, as more likely to secure a dignified representation.—To this, it may be objected as above, that the members, not having a full knowledge of each other, might often elect those whom they did not know; that each man of the nominating committee would recommend a friend; that mutual favor would introduce the odious log-rolling; that hence a delegate would be elected by a single man instead of a whole County Society.

It would moreover prove very unsatisfactory to a republican people. It is the mode of electing Senators and President, which long since became odious to a majority of our people. This method of electing, to borrow a simile from Swift, is a tag from the aristocratic scarlet coat of John Bull; but on our plain republican garment, it is considered by many as a hideous patch. It must be known to you all, that a bill for changing the constitution in respect to this point, is now before Congress. Whoever would prefer the State Society in the election of Delegates, must entertain the opinion that physicians are not capable of self-government. They must think with an Englishman who once said to me with a sorrowful face—"Oh Doctor, these republican governments were made for men as they ought to be and not for men as they are." Now this comes precisely to the point—physicians approach nearer to what they ought to be than any other people on the earth, and are therefore worthy republicans. Only make the County Societies respectable and they will enforce the edicts of the Association in the most distant regions of America. Of what avail are all these edicts unless there be sub-

ordinate authorities to enforce them and carry them to the door and to the bosom of every individual? Congress might make laws every day of their lives, but they would be mere *fulmina bruta* without various organs to execute them.

It has been objected that, by excluding the schools you would shut out many of the most vigorous intellects in the profession. This objection is mere wind or mere words, like Hamlet's letter. Cannot these noble spirits join the County Societies and attend to the duties thereof? The professors are men of business, accustomed to public speaking and debate; their station commands respect; when they come to this floor upon a nominal equality with us, we do not envy them; nay, we are pleased with their condescension, and if they attend faithfully to the business of the Society, we shall prefer them. They have never failed in this house to be elected delegates to the State Society, and they would have been elected also to the Association, but they rather chose to go from their schools.

If it be objected that such an extensive revolution is difficult, I would answer—no. The work would be almost infinitely divided, and among so many that it would be found an easy task. Only let the Association give their fiat and the work will soon be done in all its parts through the whole United States; for it is principally a work of words, in which the American people are said to find great delight. If the Association decree, that in the year 1854, this change shall be made, they will find it done at their bidding. The mere beauty of this universal government would stimulate to the speedy establishment thereof. Who would not rejoice, whose heart would not be gladdened, to see this great empire covered and served by educated physicians, all yielding obedience to one symbol of ethics and to the triune government now proposed.

Gentlemen, it has accorded better with my feeble abilities to give you *hints* rather than *reasonings*, and this you must have perceived in the present discourse; but if you will give your minds to these hints, they will prove *words to the wise* and lead you into further and convincing ratiocinations.

Fractures of the lower end of the Radius, and on their Management. By H. BOND, M. D., Philadelphia. (Read before the Philadelphia College of Physicians and published in their "Transactions.")

I ask the attention of the College to some remarks upon fractures of the radius, especially to those which occur near its carpal extremity. These injuries have a strong claim to our attention, both on account of the *frequency of their occurrence*, and on account of the *imperfect success* so often attending their treatment.

According to the statistics of M. Goyraud, these constitute one-third of the whole number of fractures. Dupuytren assigns to them, if not always the first, at least the second or third rank in point of frequency. Vidal declares that the fracture of the radius is certainly more frequent than that of any other bone. According to reports of cases in the Hotel Dieu, Paris, for four years, they constituted one-tenth of all the fractures.

The statistics of the Pennsylvania Hospital, by Drs. Norris and Wallace, do not furnish the desired information on this subject; for they only report the fractures of the arm, without even discriminating between the arm and forearm. More precision in classification would have much enhanced the worth of these very valuable statistics. But it was not in their power to remedy defects in the records of the institution. The number of fractures treated in this hospital from 1751 to 1800 was 197, of which 34 were of the arm, which is about 17 per cent., or a little more than one-sixth. From 1800 to 1829, 868 fractures, of which 200 were of the arm, which is about 23 per cent. From 1830 to 1839 inclusive (10 years) 946 fractures (exclusive of a few cases of ununited fractures, where the part affected is not specified,) of which 250 were fractures of the arm, which is more than 26 per cent. [See *Amer. Journ. Med. Sciences*, xxiii. 260; i. new ser., p. 324.] It is probable that at least one-eighth, if not one-sixth, of the whole number were fractures of the radius.

The relative frequency of these accidents in any district will vary according to the pursuits of the people, and according to the climate and season. A storm of sleet, covering the streets

and fields with ice, seldom fails to produce numbers of such cases; I am informed that one storm of this kind, not long since, besides the cases occurring in private practice, brought nine cases of fracture of the forearm into the Pennsylvania Hospital.

In a note at the end of the "Remarks on Fractures," by Dr. Peirson, is an elaborate report of the cases of fracture admitted into the Massachusetts General Hospital, from 1821 to 1840. This report exhibits a remarkable variation, in regard to the relative frequency of the fracture of different bones, from other reports that have come under my observation. It deserves an explanation by the officers of that institution.

The following is the summary of the cases detailed.

"A table showing the proportionate number of cases of each bone fractured in 367 hospital cases.

					Cases.
Fractures of the	Tibia and	Fibula	.	.	95
"	"	Femur	.	.	69
"	"	Tibia singly	.	.	38
"	"	Fibula singly	.	.	20
					— 222
"	"	Humerus	.	.	18
"	"	Radius singly	.	.	9
"	"	Radius and Ulna	.	.	6
"	"	Ulna singly	.	.	4
					— 37
"	"	Cranium	.	.	19
"	"	Clavicle	.	.	26
"	"	Ribs	.	.	24
"	"	Cervix Femoris	.	.	10
"	"	Sternum	.	.	2
Miscellaneous cases : Scapula, Cervix Humeri, Carpal and Tarsal Bones, Condyles, Olecranon, and Acromion Processes					27
Total					367

"This table shows there are six times as many fractures of the leg and thigh as of the arm and forearm; fracture of the leg being the most frequent accident, then the thigh, then the forearm, and lastly the arm."

As to the success attending the treatment of fractures of the radius, I have met with no statistical reports entitled to consideration, and I think we shall in vain search journals, hospital reports, monographs, and systematic works, for an accurate report of a series of such cases. There is a good reason for this; for, as I believe, few or no practitioners could render such a report, if made with minute fidelity, as would be flattering to their skill, or speak well for the perfection of our art. According to my observation, there is no fracture, except the neck of the thigh bone, where there is so often a failure to accomplish a perfect cure, as that of the lower end of the radius. Practitioners may tell us that, although they have often *seen* deformed wrists, and rigid or ankylosed hands, *they* have had good success—have always cured; yet a critical examination of their cases would often show that there remained either more or less deformity of the radius or the wrist, a more or less complete loss of the use of the hand, or an extremely tedious recovery, much more tedious than occurs ordinarily in other fractures.

To show that I am not dealing in exaggerations, or offering opinions unsustained by the observations of others, I cite two very good American authorities. Dr. Peirson, in the work already referred to, says, "Notwithstanding the greatest care in the adjustment and treatment of fractures of the forearm, many instances of deformity will occur. Our pathological museums present an immense variety of irregular consolidations of the radius and ulna, which must have seriously interfered, during life, with their appropriate functions." In a very valuable paper of Dr. J. Rhea Barton, published in the *Medical Examiner* for 1840, he says, "I do not know any subject on which I have been more frequently consulted than on deformities, rigid joints, inflexible fingers, loss of the pronating and supinating motions, and neuralgic complaints, resulting from injuries of the wrist and the carpal extremity of the forearm; one or more of these evils having been left not merely as a temporary inconvenience, but as a permanent consequence."

It may be asked, are these unfavorable results, so opprobrious to the profession, inevitable? or may they not very often be attributed to a defect in the manner of treating them? The deformity is, I believe, almost always unnecessary. The fragments

are generally without difficulty placed in apposition, in their normal relation to each other; there is no powerful counteracting force tending to derange them, when the hand is kept in a position to put the muscles in repose; and the deformity results either from the inadequacy of the apparatus, or from defective skill in its application. There may be a few comparatively rare exceptions to this, as where the lower fragment of the radius is crushed, and when this condition is complicated with a fracture of the ulna. But there is an evil, as clearly specified by Dr. Barton, frequently succeeding these fractures, which is a much greater calamity to the patient than any slight or moderate deformity of the radius or wrist. This is a stiffness, inflexibility of the hands and fingers, which destroys their use or impairs it in proportion to the rigidity. This rigidity is sometimes unavoidable, as in cases where there has been severe contusion of the soft parts, and when occurring in elderly persons of a rheumatic or gouty diathesis.

I propose to examine the mode of treating these fractures, as now commonly practised in our hospitals, and as taught by the most recent American and English authors.

It is unnecessary to state in detail to the members of this College what this practice is. I may briefly say that it consists in the use of two long straight splints, with compresses or cushions, and bandages. The palmar splint extends from the elbow down to the extremities of the fingers. Some, however, do not allow this to extend below the second joints of the fingers. The dorsal splint extends sometimes only to the extremity of the metacarpus. When this dressing is applied, the longitudinal axis of the forearm will be continuous, or parallel, with that of the hand.

There are several objections to this mode of dressing the fracture, which I will attempt to point out. In the first place, it violates what ought to be regarded as a surgical canon in the treatment of fractures, viz., to adopt such a position as will put all the muscles, acting on the part, as much in repose, as free from tension, as possible; so that the least counteracting force will be required. 2d. The constrained position of the hand demands tighter bandaging, in order to prevent derangement of the fragments by paralyzing or subduing the muscles that are rendered tense by the position assumed. 3d. This constrained

position and tight bandaging greatly increase the danger of that protracted or permanent rigidity of the hands and fingers which is a too frequent result of those injuries. 4th. This mode of dressing, by long, straight splints, not only increases the danger that it will result in rigidity, but that, when it does occur, the hand will be left unsightly, inconvenient, or useless. 5th. There is another objection to it, which will be regarded by the surgeon as of more or less importance, according as he is actuated more or less by the feelings of humanity. I refer to the distress or discomfort which must result from a constrained position and the force applied to maintain it.

The muscles that act on the hand are least tense, or most in repose, when the hand is inclined backwards, so that the metacarpus forms a considerable angle with the forearm,* when it is also inclined inwards towards the ulnar side of the arm, and when the fingers are moderately flexed. In this case it will be perceived that the longitudinal axis of the forearm, if prolonged, would not correspond with that of the hand, but would pass through, or very near, the point, where the thumb and index finger most easily and naturally meet. Thus in the innumerable manipulations with the thumb and fingers (as with a pen, pencil, button, needle, money, &c. &c.) their points most easily and naturally meet in this axis of the forearm. This will be found to be the position of the hand, when it hangs by the side with all the muscles relaxed.

This consideration is of little comparative importance in the case of young persons, and of those who have followed no laborious handicraft; but to persons advanced in life, and to those whose muscles and joints have become rigid by hard labor, and to whom the hand is the means of subsistence, it is a point of very material importance. A large portion of these fractures occur among such patients. When such a hand is firmly swathed by a roller upon the long straight palmar splint, it is forced into a constrained position, and some of the muscles, acting on the fragments, are put into extreme tension. This condition of the muscles must act strongly on the fragments of the radius, and must tend strongly to derange them, especially when the fracture is oblique.

*Malgaigne calls this *la flexion habituelle de la main en arrière*.

To counteract this tendency to displacement of the fragments on account of the tense condition of the muscles, the bandage with the compresses must be applied so tightly as greatly to increase the risk of that frequent ill success so well described by Dr. Barton.

When the hand is placed in the position above described, so as to take off tension from all the muscles, there will be so little tendency to displacement of the fragments, that a very gentle pressure of compresses and bandages will be adequate to maintain them in their proper relation to each other. The dressing may be removed earlier, so as to give motion to the hand and fingers, without danger of producing derangement of the fragments, and the gentle pressure of the dressing will be less likely to deprive the tendons and sheaths of their lubricity, and thus to cause permanent adhesions.

There are cases, as before observed, where such violence is done to the bones and soft parts, especially in elderly persons of a rheumatic or gouty diathesis, that it may be impossible to avoid permanent adhesions and rigidity. In such cases, if the usual authorized mode of treatment be adopted, the result will be a most awkward, unsightly, useless member.

But if the hand can be placed and retained in the unconstrained natural position above mentioned (to say nothing of the better chance of escaping permanent stiffness,) *in the first place*, the unsightly deformity will be avoided; and *in the next place*, the hand will not entirely have lost its uses. For the hand, thumb, and fingers being placed very nearly in the position of their most frequent uses, the interossei, the lumbricales, and the several short muscles of the thumb will, by causing only a very limited motion, enable the hand to perform very many of its useful functions.

I can say with confidence, not only from *à priori* reasoning, but from some experience within the last few years, that the dressing of a limb on the principles here inculcated, will very materially conduce to the comfort of a patient. I shall here make no comment upon what is said about paralyzing the muscles by tight bandages, nor upon the power of the body to accommodate itself, by a very painful discipline, to very distressing necessities.

The importance of the position of the hand in the treatment of fractures of the radius has been fully recognized for a long time by eminent surgeons. In these cases, Mr. Cline did not allow the splints or the sling to extend below the wrist. His object was to let the hand, by its own weight, and without any impediment, incline towards the ulnar edge of the forearm; and while the ulna acted as a counter-extending force, this inclination of the hand would prevent the fragments from overriding or overlapping each other, and make it very easy to keep them in apposition. He understood well the mechanism of this accident. When the radius alone is broken, the ulna affords all requisite counter-extension; and in proportion as the hand is inclined towards the ulna, will the lower fragments be drawn down, so that there will be hardly a chance for one fragment to overlap the other; certainly there will be little difficulty in keeping the fragments in apposition with very gentle means. But Mr. Cline's method of dressing, in order to accomplish the indication, was too indeterminate; he could not depend upon maintaining steadily the same degree of inclination of the hand, and one might suppose that there would be danger of producing artificial joints. Nevertheless, I am persuaded that, with Mr. Cline's method of treatment with short splints, there would be fewer cases terminating in deformity and loss of the use of the hand, than when the arm and hand are tightly swathed in long straight splints.

Sir Charles Bell long ago inculcated the importance of the inclination of the hand in the treatment of fractures of the forearm, and he has given a plate illustrating his opinion. Boyer is very explicit upon this point. He says, "the extension should be made by inclining the hand towards the ulnar edge of the forearm." Yet this obvious principle and this explicit direction are wholly disregarded in the present usual mode of dressing with long straight splints and tight bandages. Dupuytren, whose lectures on this subject should be studied by every surgeon, devised a splint—his *attelle cubitale*—with the special object of maintaining this inclination of the hand towards the ulna. Notwithstanding this great man devoted such deep attention to this subject, there were serious defects in his apparatus, which have been pointed out by subsequent French writers.

I have attempted to devise a mode of dressing these fractures, having reference to the principles advanced in this paper, and that will meet the following indications:—

1. To maintain such an inclination of the hand upon the forearm as shall most effectually relieve the muscles from tension, or put them in repose.

2. To maintain the hand and fingers in a position that, if rigidity should result, the member shall be as little an incumbrance, and retain as many of its uses, as possible.

3. To make it easy of application, requiring no extraordinary skill or dexterity, and little liable to be deranged or displaced.

4. To make the dressing easy and comfortable to the patient, while it does not lack efficiency.

My own experience of its use, within the last three years, convinces me that I have to some extent accomplished these indications. How far this shall be corroborated by others, can be known only when others shall have had time, opportunity, and disposition to test it.

To enable others to test the principles herein maintained, in the mode of treating these fractures, I offer the following directions for preparing the dressing, with some explanations as to its application:—

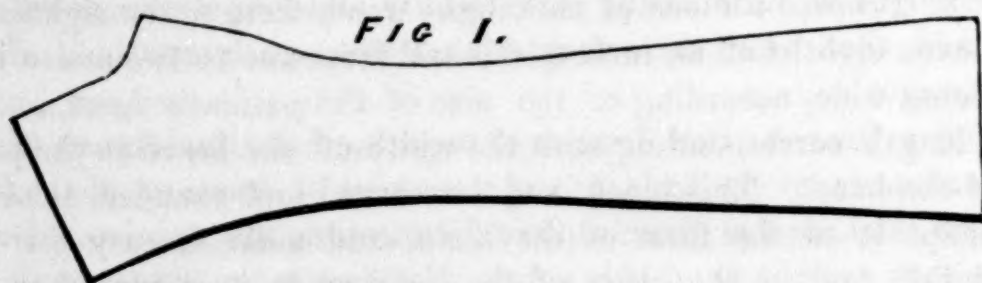


Fig. 1. A board cut to correspond with the profile of the forearm and hand.



Fig. 2. A. This whole space down to the *palmar block* (B) to be covered with pasteboard. C, C. Parts of the block, which must be more or less cut away, to suit the prominences of the hand. D, D. The projected and elevated edges of the pasteboard.

1. With a light board, of proper thickness for a splint, take a profile of the well forearm and hand of the patient, placing the hand in its habitual inclination towards the ulnar side of the arm, and extending the profile from the elbow downwards, so that it shall reach the second joint of the fingers on the inside, when these are moderately flexed—as much flexed as they are when the points of the thumb and fingers are brought into contact. The lower end of the board must be cut off obliquely (at an angle of fifteen or eighteen degrees) in a direction corresponding with that of a body grasped in the hand, when the hand is inclined to the ulna, as above indicated.

2. Cover the board thus prepared with sheeting, or other strong fabric. This may be done by winding around it, from end to end, a narrow rolling bandage, covering all of it as nearly as may be, with few or no duplications. This is the most expeditious method. A neater one is to cut a piece of sheeting, of the general form of the board, but extending beyond the board on every side, and fastening it upon the board either by a few stitches, drawing towards each other the overlapping edges, or glueing down those edges upon that side of the board which is to be towards the arm, and which edges are to be covered with the pasteboard.

3. Prepare a block of soft, light wood, from seven-eighths to eleven-eighths of an inch thick, and from two to two and a half inches wide, according to the size of the patient's hand, and of a length corresponding with the width of the board in the palm of the hand. This block is to be carved and rounded, so as to adapt it to the form of the hand, and make it easy for the thumb, and in the grasp of the hand when it is placed on the board. It is to be fastened there by screws or nails, so that the remote edge of it shall correspond exactly with the lower oblique end of the board.

4. Upon that part of the board not covered by the palm-block, fasten, by means of small carpet tacks, a piece of book-binder's pasteboard, extending on each side beyond the edges of the board about an inch. If the pasteboard be very thick and stiff, make a slight incision in it along the edge of the board, in order to bend more easily the two projecting portions of it, thereby making a kind of box for the lodgment of the arm.

It seems to me that this splint, or one constructed on the same principles, will meet the above-mentioned indications in the following manner: *First.* The form given to the board retains the hand in its habitual inclination towards the ulnar edge of the arm, accomplishing the object aimed at by Dupuytren's *attelle cubitale*, with as much certainty, with more simplicity, and more comfort to the patient. *Second.* The palmar block retains the hand in its habitual inclination backwards, and it gives the fingers that moderate flexion which most relieves the muscles from tension, and likewise that position which, if stiffness should result, will not only save the hand from a most inconvenient, ungraceful deformity, but will reserve to it the power of performing very many of its most frequent and useful functions. In addition to these advantages, this block contributes much to the comfort of the patient. *Third.* The object in covering the board with a strong fabric, as above described, is to retain the bandage with certainty in its place, without applying it with a dangerous tightness; for, by fastening the roller to this covering with pins, the surgeon need never have his patience tried by finding his dressing deranged, at his next visit. I can speak with confidence on this point, from having used it repeatedly in cases where this quality was fully tested. *Fourth.* The pasteboard is not an essentially necessary part of the splint, but it will be found to contribute to the comfort of the patient and the convenience of the surgeon.

The requisites for dressing with this splint are flannel or other soft fabric, to cover or line the inside of the splint; two compresses; a roller; sometimes, but not always, a dorsal splint.

The flannel or other fabric with which the splint is lined should extend a little beyond the edges of the pasteboard, and the same piece may be extended over the palmar block; but it will be better to cover this block with a separate piece. For this purpose, take a piece of flannel large enough, when it is doubled, to cover the block. Through the doubled edge, with a proper needle, carry a small string (such as ligature-twine,) and tie this around the splint immediately above the block. The covering of the block thus applied may be conveniently changed, without removing the arm from its bed.

Two compresses will generally be required: the anterior or

palmar, and the posterior or dorsal. The proper construction and application of the former of these are a most important point in this dressing, and certainly not less so when long, straight splints are employed; and deformity of the radius or wrist will most frequently result from negligence or want of skill in its use. If the compress be deficient in thickness, and the bandage be applied with its usual tightness, there will not fail to be either a curvature forwards, or a sigmoid flexure, which are the usual deformities. If the thickness of this compress be excessive, there may be a curvature backwards, which I think seldom occurs; but there will be such undue pressure by such a compress as to increase the danger of adhesions, and to aggravate the discomfort of the patient.

I consider this point so important that I shall run the risk of being thought tediously minute.

It has seemed to me a notable defect in Dr. Barton's mode prescribed for dressing this fracture with straight splints, that he directs the two compresses to be of equal dimensions, and of about the same dimensions in every case. He says, "Two compresses, each about two inches square, and composed of strips of bandage about one yard and a half long, evenly folded up, are to be in readiness." Dr. Barton's very eminent skill would undoubtedly vary from this direction, as each case might require. But we object to this as a rule for those who follow rules implicitly.

If we apply a long, straight splint to the palmar side of several uninjured forearms, we shall find the space between the splint and that part of the forearm, to which the compress is usually applied, to vary very much, being two or three times as great in some cases as others. This space will depend upon the form of the bones of the forearm (which are sometimes considerably curved backwards,) upon its muscularity or emaciation, and upon the greater or less prominence of the heel of the hand. This anterior compress must, therefore, vary in thickness, according to the varying form of the forearm and hand.

In order to determine with precision the requisite thickness of this compress in any case, place a long, straight splint upon the palmar side of the uninjured forearm of the patient, and make

a compress of such thickness as to fill the space, so that the splint applied shall bear as firmly upon the compress as the ends of it do upon the wrist and upper part of the forearm. It is to be observed that, when the hand has its usual inclination backwards, the space between the forearm and splint will be less, and of course require a compress of less thickness, than when the hand and forearm are swathed upon a long, straight splint.

With the splint here presented to the College, it is wholly unnecessary to attach this compress to the forearm by means of a roller. And where there is not such a necessity, it is generally worse than useless to apply a roller directly to the arm before the splint is applied. Some eminent surgeon has said, that the only advantage is, that it impresses bystanders with an idea of the complexity and difficulty of the operation. If excoriation should be threatened, cover the part with soap plaster. Place this anterior compress on the splint, so that its lower edge shall approach very near to the lower end of the upper fragment of the radius, when the forearm is laid upon the compress in the splint.

These preparations being made, the fragments, if deranged, are to be reduced, and the splint applied. I have very seldom, if ever, found any difficulty in replacing the fragments. Let an assistant, grasping the hand (not the fingers), incline it towards the ulnar side of the arm, according to the direction of Boyer, making steady, but not very vigorous tension, and with his thumb and fingers the surgeon will easily press the projecting fragments into their proper relation to each other. In making this extension, Dr. Dorsay directs the assistant to "grasp the hand." Dr. Barton says an assistant "makes extension from the fingers." It seems to me that Dr. Barton errs on this point. The objections are, first, that by grasping and pulling the fingers, the flexor muscles are brought into so much more tension, that they will offer more resistance to the extending force. In the next place, by pulling at the fingers the hand will be brought more nearly into a direct line with the forearm, instead of being inclined towards the ulna, the utility of which inclination in such cases is, I think, so obvious that it would be superfluous to cite authority or to attempt a demonstration.

After the forearm is laid into the splint, apply the dorsal com-

press. This compress is seldom essentially necessary in these cases, but it may always be advisable to use it. Its thickness is comparatively unimportant, especially when a dorsal splint is not employed. It may be made of folds of a bandage of about the width of the wrist, and so long as to cover the lower fragment of the radius and the wrist, but not extend upon the hand. After adjusting this compress, apply a roller, beginning upon the lower fragment of the radius, carrying it down over the wrist, the metacarpus and the first joints of the fingers, leaving the thumb free; then returning with the bandage to the upper end of the splint, and attaching it in several places by pins to the woven covering of the splint. If the compresses have been properly made and adjusted, it is unnecessary, with this splint, to apply the bandage with anything like the tension ordinarily employed in dressings with the long straight splints; and those accustomed to the use of these splints will be liable to err on this point.

A dorsal splint is unnecessary, unless the fracture occur so high up that there is danger of diminishing the interosseous space between the bones of the forearm. In such a case, it is necessary. It should be so wide that the bandage will not pass upon the fragments in such a manner as to lessen the interosseous space; and it should be so long as to reach from near the elbow to the hand, but not extend upon the metacarpus.

It may sometimes be necessary to use longitudinal narrow compresses to prevent the contraction of the interosseous space. But where no roller is applied directly upon the arm, it is probable that these long narrow compresses will not commonly be found necessary.

Although the preceding observations have had an especial reference to fractures of the lower end of the radius, probably some of the principles advanced and the means proposed to carry them out, may be extended farther. How far they may be applicable to other injuries or diseases of the forearm and hand, I leave to be determined by future observation.

Case of Fracture of the Anterior Inferior Spinous Process of the Ilium. By CHARLES W. ASHBY, M. D., of Culpepper County, Virginia. [Communicated by Professor Mütter.]

To the Editors of the Medical Examiner:

Gentlemen: I have just received the enclosed interesting letter from my friend, Dr. Ashby, one of the most eminent surgeons of the State of Virginia. As the case reported has never, to my knowledge, been described, I have thought its publication would prove of value to the profession.

Yours faithfully,

Feb. 18th, 1852.

THOS. D. MÜTTER.

Professor Thomas D. Mütter:

Dear Sir:—Your kind letter requesting me to send you a report of my case of "Fracture of the Anterior Inferior Spinous process of the Ilium," ought to have been replied to long since.

As you say "there is no such case on record," I will endeavor to detail the symptoms of the accident which occurred in my practice, in such a manner as will enable you to judge of the correctness of my diagnosis.

A strong, athletic negro man, 19 years old, was walking rapidly from a spring, in view of an approaching storm, and, as the night was very dark, he stepped into a gully about a foot and a half deep. He had upon his head at the time, an unusually large tub of water. Although he did not fall, he was so disabled as to require the assistance of men to carry him to the house.

There was great loss of power in the right leg, though not entirely deprived of muscular control, except as to elevation. As I could make the limb perform all the natural movements without much pain, and as I could not perceive, after the most careful examination, the slightest distortion, no lengthening or shortening, I decided, very confidently, that there was neither fracture or dislocation. But the boy, who was more than ordinarily intelligent, insisted most strenuously that he heard and felt something give way, not only at the time the accident occurred, but whilst I had been making the examination.

Upon elevating the leg at right angles with the body and letting it down rather suddenly, I now, for the first time, heard a crepitus, I confess, much to my surprise. By this particular movement and *by no other*, the crepitus was so distinct as to be heard, not only by myself again and again, but by all the bystanders. What fracture have I here? was a most natural enquiry. From the history of the case, I was, at first, inclined to suspect, though in a young subject, a fracture of the neck of the bone, and being aware of the various natures, as well as great obscurity of this accident, my mind was directed most anxiously to its investigation. Reasoning by exclusion, I became satisfied that this could not be the fact; there was not a single symptom which is usually present in this accident—there was little or no pain or tumefaction about the joint, and, indeed, not a sufficient amount of irritation to warrant the belief that there was a fracture of any of the large bones, either of the pelvis or leg.

I requested the boy to direct my hand to the spot where he felt the greatest amount of pain. He placed it in his groin, where I detected, for the first time, a good deal of tenderness and tumefaction. Pressing two fingers of my left hand firmly upon this spot, and with my other hand elevating the leg and letting it down as before, I not only heard the crepitus, but I felt distinctly a spiculum of bone moving under my fingers. This manifestation, not *very* painful to my patient, was performed not once, but I may safely say more than twenty times, and invariably with the same result, before I decided *positively* as to the *precise* character of the fracture.

I was surprised to find that I had been poring over this case at the dead hour of night, for more than three hours. I had never heard or read of such an accident, and therefore only those of my professional brethren who know me best, can appreciate the deep anxiety I felt as to the making out a correct, satisfactory diagnosis.

The maxim that "there is nothing new under the sun," often repeated by a distinguished Professor of my Alma Mater, did not fail to make an impression on my mind, and, properly understood, riper years have served only to deepen that impression. I have not the slightest shadow of a doubt, as to the correctness

of my diagnosis. As to its novelty, I have the high authority of your name, as well as that of other distinguished surgeons, and yet I am of the opinion that the accident has occurred before, but either has not been recognized, or has not been thought worthy of being recorded.

Whether the process was pulled off by the powerful contraction of the recti muscles, or by the tremendous jar of the head of the bone, thrown, in the act of stepping forward, upon the outer edge of the acetabulum, or by both causes conjointly, I leave for others to decide.

The treatment of this case was as effectual as it was simple, and the result, I think, confirmed the diagnosis.

After flexing the limb, a roller six or eight yards long, was passed firmly around the thigh, so as to control muscular action, then passed firmly over a wet compress, placed over the process, thence around the body and back over the compress and around the thigh again. The boy was placed on his side, and experienced immediate relief, so that he slept soundly the balance of the night. Strict rest was enjoined, and he suffered little or no pain after the bandage was applied. In four weeks he was walking about, but wore the bandage and compress for several months, as, he says, it gave him great support.

I am, with high consideration, yours, &c.

CHAS. WM. ASHBY.

P. S. This accident occurred in Nov., 1842.

CLINICAL REPORTS.

Clinic of the Jefferson Medical College. Service of PROFESSOR DUNGLISON.

(Reported by O. A. Judson, M. D., Clinical Clerk.)

Clinic of January 14th, 1852.

Cases presented :—Chronic Bronchitis ; Rheumatism ; Tuberculosis of the Lungs, 2 cases ; Psoriasis inveterata ; Acute Bronchitis ; Lupus non exedens ; Arthrodynia ; Chronic Laryngitis ; Lithuria ; Lichen ; Lepra ; Pityriasis ; Torpor of Colon, 2 cases ; *Tænia solium* ; Tophaceous concretions in the joints ; Favus ; Diabetes Mellitus ; Emesis ; Faulty innervation of heart.—Total 22.

CASE 1.—George L., æt. 25, by occupation an umbrella-maker, presented himself this day, having suffered for some time from cough and slight dyspnœa. Various anodyne mixtures were prescribed for his relief, but thus far without any appreciable benefit. His general appearance is that of a person laboring under pulmonary disease ; countenance pallid and sunken ; eyes having a peculiar shining lustre ; has had hæmoptysis and daily exacerbations of fever, but no colliquative sweats. On inspection, the right side of the thorax is observed to rise more than the left, during the act of inspiration, which is rendered more evident by palpation of the anterior walls of the chest during the respiratory process. Percussion exhibits a decided dulness in the infraclavicular region of the left side, with absence of respiratory murmur, with tubal respiration, and bronchophony. The exaggerated respiration in the right lung gives evidence that the great burden of the function is thrown upon it.

The inference drawn from the combination of the rational and physical signs was, that the patient labored under a tubercular deposition at the summit of the left lung ; which however gave no signs of having proceeded to extensive softening.

The indication for the treatment of this case is plain ; to modify the whole system of nutrition. This can only be done by

modifying the condition of the fluid of the circulation, so that it may exert a new impression upon the tissues through which it is distributed, and thus induce a new action in them. Experience has shown that nothing is better calculated to fulfil this indication than an animal oil, such as the *oleum morrhuæ*. This oil probably acts altogether dietetically, producing the same deposition of fat as follows the use of sugar when taken largely. The relative value of the different animal oils has not been rigorously determined; but there is reason for the belief, that the cod-liver oil does not possess any eminent advantage over other animal oils; and that similar results follow the use of vegetable oils. In order to test the effects in such cases of another animal oil, the common sperm oil has been purified by the apothecaries of the College by animal charcoal; and the class will observe, that its taste and smell are not much more, if at all more, objectionable than those of the *oleum morrhuæ*. It is this oil that is meant when the *oleum cetaceum* is prescribed in this clinic. The patient will take a dessert-spoonful three times a day in hot coffee; and, to improve the condition of the fibrinous element of the blood, which appears to be badly elaborated in tuberculosis, he will use animal food freely; relieving the cough by any of the ordinary demulcent and opiated expectorants.

CASE 2.—The next patient presented was Francis H., æt. 21, by occupation a stone mason. He had complained for a considerable time of a dull aching pain, which he referred to the region of the kidneys, and which would occasionally shoot down towards the bladder, along the course of the ureter, causing him great suffering. His urine was subsequently examined, and found to be acid, and to deposit urate of ammonia. He was put upon an alkaline treatment, fifteen grains of bicarbonate of soda three times a day, from which, (January 21st), he has experienced considerable relief.

CASE 3.—The attention of the class was next directed to a case of glucosuria or diabetes mellitus. John S. V., æt. 36, an operative in one of the manufactories of Chester county, has been sent to Dr. D. by a respectable practitioner under whose

care he had been for some time, and who had accurately appreciated the morbid condition.

About twelve months since, he perceived, that his flesh and strength were beginning to fail, and shortly afterwards he noticed an increased discharge of urine of a sweet taste, which, during the last three months, has become quite profuse, amounting, at times, to fourteen pints *per diem*. It is now, however, reduced to six or eight; yet he is still obliged to rise two or three times during the night to evacuate his bladder. From the outset of the disease his appetite has been voracious; thirst insatiable. His physician put him on the use of five grains of the pulvis ipecacuanhæ et opii, and of four drops of creasote, three times daily. He thinks, however, that his improvement was coincident with his being placed upon an exclusively animal diet.

The urine was subjected to different tests, and the results exhibited to the class; first, to the test of Trommer, which consists in adding to the suspected urine a small quantity of a solution of sulphate of copper, merely enough to give a blue tint,—phosphate of copper is precipitated. Liquor potassæ is then added in excess,—and the hydrated oxide of copper is thrown down, which soon dissolves in the alkaline solution, leaving the liquid of a blue color resembling ammoniuretted copper. It is then heated to ebullition, and if sugar be present the solution yields a precipitate of the red oxide of copper.

This test was perfectly satisfactory as was shown by the specimens on the table.

The test of Moore was also applied and with similar results. This consists, in adding liquor potassæ to the urine and boiling for a few moments, when it assumes a brown color, the intensity of which is proportionate to the amount of sugar present.

Another, and the best test is the addition of a little yeast, and subjecting the urine to a gentle heat; when the supervention of the vinous fermentation, will show conclusively the presence of saccharine matter. Such was the case here.

However profuse the secretion of urine may be in glucosuria its specific gravity is always greater than in the healthy condition. In this instance it is 1029. It is often much higher than this, but as a general rule it may be said to vary from 1020 to 1050. On weighing the extract obtained by evaporation, it will

be found to hold a direct proportion to the amount of urine passed. Based upon this fact, a table was prepared by Dr. Prout, and modified by Dr. Golding Bird, by which we may arrive at an approximation of the amount of sugar passed, without going through the operose process of evaporation. For example : if the specific gravity be 1029, the quantity of solid matter in a pint, according to the table, will be 555.2 grains. By means of such calculations, we are enabled to say how much saccharine matter is secreted from the blood during any given period. For if 555.2 grains of solid matter be contained in every pint, and as many as eight pints are voided during the day, we know that 4441.6 grains of sugar will be passed *per diem*, and such is the quantity discharged by the patient at this time.

The different modes of taking the specific gravity of urine were then explained by means of the areometer or urinometer, and of the specific gravity bottles of 1000 grains and 100 grains respectively, all of which were exhibited, as well as the more operose but always available method with an ordinary vial.

The precise nature of the morbid condition in glucosuria is not manifest. A great variety of opinions has prevailed on the subject, and it still remains an unsettled point. Necroscopic examination has aided but little in the inquiry. The kidneys, have at times presented a hyperæmic condition, with occasionally hypertrophy, which might be anticipated from the incessant duties entailed upon them. For a long time, indeed, it was maintained that the disease must be referred to those great depurating organs ; but subsequently more attention was directed to the condition of the blood, which many modern pathologists have considered to be primarily affected. In the progress of well devised and well conducted experiments, unequivocal signs of the presence of sugar have been found in the serum of the blood, and of late the presence of sugar in that fluid has been confirmed by distinguished chemical observers : and to account for its presence there, it has been maintained by many, that the fault is in the apparatus of primary assimilation—that sugar is formed in the stomach during the digestive process, and that, consequently, our remedial measures should be addressed to the deranged condition of the digestive apparatus.

Two distinct views, in this relation, have been maintained by MM. Bouchardat and Mialhe. The *former* is of opinion, that the saccharine matter in the blood of a diabetic patient owes its origin to too great a conversion of starch into sugar occurring in the stomach, owing to the generation there of a principle analogous to the *diastase* in barley, which is the active agent in the formation of malt. The *latter*, also, believes in the conversion of starch into sugar—*glucose*—by an *animal diastase* united with it during insalivation. This glucose is transformed under ordinary circumstances by the alkalies in the blood into new products, which are destined for ulterior purposes; but in default of the proper alkaline character of that fluid, the sugar is not transformed; nor is it assimilated, but ultimately thrown out of the economy, and mainly by the kidneys.

Allusion was then made to the recent discovery by M. Bernard of sugar in the liver, and in the blood of the hepatic veins, vena cava and right side of the heart, no matter what may have been the kind of food taken; and to the singular results, that if the medulla oblongata, especially about the floor of the fourth ventricle, or the pneumogastric nerves, be irritated, an increased quantity of sugar is immediately found in the liver, and soon afterwards a large amount in the urine,—phenomena, which, whilst they may not account for the seat of glucosuria being in the pneumogastrics, sufficiently show, that an increased production of hepatic sugar may be intimately connected with the condition of the nervous system.

From the numerous researches which have been made into this interesting, but difficult subject, and taking into consideration all the arguments that have been adduced by different observers, it may be inferred, that in glucosuria, not only the digestive organs, but the whole system of nutrition or second assimilation may be perverted; that instead of the tissues being disintegrated and their elements combined in the usual healthy manner, they may be brought together in the proportions necessary for the formation of saccharine matter, which, by its presence in the blood, acts as an irritant to the kidneys and gives occasion to the increased secretion of urine, whilst the emaciation ensues more particularly, perhaps, from a perverted condition of the

cells of assimilation, the manufacture of sugar thus taking place at the expense of the system.

The treatment of diabetes has varied according to the pathological views embraced by observers. Formerly, when its nature was less investigated than at present, it was usual to address the remedies to the kidneys—thus treating the effect, rather than the cause; but at the present day, therapeutists, generally, regard the profuse secretion of urine only as a phenomenon indicating a morbid condition elsewhere, and accordingly direct their efforts to the portion of the system which may seem to them to be mainly concerned in producing the mischief. They who regard the stomach as the organ chiefly in fault, address their principal attention to that viscus. But under the impression that the disease is a vice in the system of nutrition, of the exact nature of which we are ignorant, remedies of a eutrophic character, which may be adapted for modifying the entire system of nutrition, would seem to be indicated. There is no single remedy, however, in the catalogue of the *materia medica*, that appears to be possessed of much efficacy, and too often the disease proceeds onwards, more or less modified by diet and regimen, but is not the less certainly fatal. Unless an entire revolution can be effected in the nutritive process, no permanent good can be accomplished. Diaphoretics of various kinds have been prescribed in consequence of the dryness of the surface that attends the disease; but this is doubtless owing to the increased urinary depuration, and is consequently only an epiphenomenon. Still it may be well to advise the warm bath and warm clothing, as flannel next the skin, to direct the fluids towards the surface.

On one point in the treatment almost all therapeutists are agreed,—the use of an exclusively animal diet. In fact it were no more than reasonable to conclude, that aliments of ternary composition, consisting of oxygen, hydrogen, and carbon, of which the more purely vegetable matter is composed, should be more readily convertible into sugar, than substances of quaternary composition, that contain also nitrogen, which has to be disposed of. Most unquestionably, the saccharine matter has diminished in quantity under the use of animal food; but it may admit of a question, whether this was not in part

owing to the altered nutritive acts occasioned by restricting one, who has been omnivorous or accustomed to both animal and vegetable food, to the former only. The records of the recent voyage from this country to the Arctic regions, in search of Sir John Franklin, will show that when scurvy prevailed to a fearful extent, a slight change in the diet gave rise to a thorough modification in the whole system of nutrition; and fresh animal food obtained by shooting the *awk* on its first appearance, in its periodical migration, arrested the malady as if by magic. Usually, it has been deemed indispensable for the production of so desirable a result, that fresh vegetables, containing a full supply of the organic acids, should be freely allowed.

In confirmation of the idea, that any thorough change in diet may induce an entire modification in the system of nutrition in glucosuria, it has been found, where the patient, accustomed to a mixed diet, has been restricted to substances of ternary composition—as oils—or to a vegetable regimen, a similar diminution in the quantity of saccharine matter discharged has been observed. Green garden vegetables, as parsley, celery, spinach, are of quaternary composition, and are not liable to the same objections as the amylaceous and saccharine substances.

In consequence of the ready conversion of starch into sugar, Bouchardat recommends what is called “Gluten bread,” from which all amylaceous matter has been removed, as an article of diet; but so much disgust is generally caused by it that it can rarely be persevered with.

The general principles laid down are applicable to the case before the class, and will form the foundation of treatment.

CASE 4.—Sarah B——, ætat. 8, was next presented. She had labored under a cutaneous affection of the leg for a long time, which has resisted various kinds of treatment. The disease belongs to the class of squamous affections, and falls under the head of *Lepra*—*Lepra vulgaris*.

We will place her upon the eutrophic agency of iodine, giving four drops of the liquor iodinii compositus three times daily. As local applications she will have recourse, several times a day, to ablutions with castile soap and water, the object of which is to

remove the incrustations, so that the remedial agents may come into immediate contact with the morbid surface; each ablution to be followed by the application of a slightly stimulating unguent, which may consist, in this case, of ten grains of the iodide of sulphur incorporated with an ounce of lard—the affected parts to be kept constantly covered with oil-silk, so as to prevent the incrustations from forming, and to shield the surface from the desiccative and irritating influence of the air. The class would have numerous opportunities for witnessing the excellent effects of this system of treatment in chronic cutaneous diseases.

An instance of these good results was shown in the case of John H., aged —, who had been under treatment since October last for an affection of the hairy scalp,—Trichonosis.

He had been using the liquor potassæ arsenitis in the dose of four drops three times a day, and had applied locally an ointment consisting of equal parts of unguentum picis, ung. sulphuris, and unguentum hydrargyri oxidi rubri. Not much benefit having resulted from this course, he was directed to keep the head closely shaved, to wash it with soap and water six or seven times a day, and afterwards with a solution of a teaspoonful of impure sub-carbonate of potassa (pearl-ash,) in a quart of water, and to keep the head covered night and day with an oil-silk cap.

Having been put for a short time on this treatment, he has returned vastly improved.

BIBLIOGRAPHICAL NOTICES.

Die Hautkrankheiten durch anatomische Untersuchungen erläutert, von Dr. GUSTAV SIMON, dirigirendem Artze am Charité-Krankenhaus und Privatdocenten an der Universität zu Berlin. Mit 9 Kupfertafeln. Zweite vermehrte Auflagen. 8vo. S. 420. Berlin, 1851.

Diseases of the Skin elucidated by anatomical Investigations. By DR. GUSTAVUS SIMON, Directing Physician to the Charity Hospital, and *privatim docens* in the University of Berlin. With nine Copperplates. Second enlarged Edition. 8vo. pp. 420. Berlin, 1851.

Manual of Diseases of the Skin, from the French of MM. CAZENAVE and SCHEDEL. With Notes and Additions, by THOMAS H. BURGESS, M. D., Surgeon to the Blenheim street Dispensary for Diseases of the Skin, &c. Second American edition, enlarged and corrected from the last French edition, with additional Notes, by H. D. BULKLEY, M. D., Physician to the New York Hospital; Fellow of the College of Physicians and Surgeons, New York; Lecturer on Diseases of the Skin, &c. &c. 8vo. pp. 348. New York, 1852.

The works before us embody the results of the observations and reflections of two of the most eminent of living dermatologists. The Manual of MM. Cazenave and Schedel has been well known to us in consequence of its having been for a long time translated into English. The excellent work of Dr. Simon is less known here, but is considered to be classical in Germany; and the fact of the volume before us being the second edition of a work which treats only of the pathology of skin diseases, without a word being said of the treatment, exhibits the marked difference between our utilitarian views and those of our German brethren; for we fancy that no work on the mere pathology of such a class of diseases could experience a remunerative sale on this side of the Atlantic.

The bibliography of cutaneous affections is now rich. Ad-

mirable illustrations of the whole series have been published or are in course of publication in England and elsewhere; and there is none more worthy of commendation than that of Mr. Erasmus Wilson. The delineations are accurate and splendid; yet the price at which the fasciculi are published excludes them from the libraries of all except the more fortunate of the profession. To convey a correct idea of the diseases, the text ought always to be accompanied by such illustrations; but still a large amount of information can be brought home to the reader by accurate verbal descriptions. In this respect, indeed, pathological dermatology is in the same category with anatomy.

Dr. Simon first describes the normal skin, and then the morbid alterations which it experiences. Under the latter head he considers MORBID ALTERATIONS OF THE CUTIS AND EPIDERMIS; and, 1st, *Hypertrophies of the Skin and Epidermis*, Callositates, Clavus, Verrucæ, Ichthyosis and Elephantiasis Arabum; 2, *Atrophy*; and 3, *Hemorrhage from the skin*; followed by 4, *Inflammations or Phlegmasiæ of the Skin*—under which he classes Scarlatina, Morbilli, Variola, Varioloides, Varicellæ, Vaccina, Febris miliaris, Erysipelas, Urticaria, Erythema, Roseola, Rubeolæ, Lichen, Prurigo, Eczema, Herpes, Sudamina, Pemphigus, *Rupia*, Impetigo, Ecthyma, Pityriasis, Psoriasis, Pellagra, Furunculus, Anthrax, Ulcers and Gangrene of the skin. In the main features of this division there is an accordance between Dr. Simon, M. Rayer, Mr. Wilson and others. The next division investigates, 5, *Morbid new formations on the skin*—Cornua cutanea, Nævus mollusciformis or N. lipomatodes, congenital fatty tumors; Molluscum simplex, Condylomata, Nævus spilus; N. lenticularis; Ephelis; Melanosis of the skin and Lipoma, Cholesteatoma; Vascular tumors; Sarcoma of the skin; Osteoid formations; encysted formations, and the various forms of cancer of the skin; Elephantiasis Græcorum, E. tuberculosa, E. non tuberculosa, and Lupus. 6, *Parasites of the skin*; including, first, parasitic animals; and secondly, parasitic plants.

The second great division is into MORBID ALTERATIONS OF THE CUTANEOUS GLANDS, HAIR FOLLICLES, HAIRS AND NAILS, under which he considers, *first*, alterations of the sudoriferous glands; *secondly*, alterations of the sebaceous glands and hair follicles; *thirdly*, alterations of the hairs; and *fourthly*, alterations of the nails.

It will thus be seen that the work of Dr. Simon enters more fully into the morbid condition of the skin and its appendages than the generality of treatises on cutaneous diseases; and as it is restricted to the pathological relations of the subjects on which it treats, it is full and generally satisfactory. The illustrations, which are the result of his own observations as well as those of the best microscopical anatomists of the day—Kölliker, Reichert, Krause, Henle, Bruns, Steinlin, Kohlrausch, Höfle, Fuchs, Gruby, Lebert, Robin and others—are highly elucidative of the anatomy of the skin and its appendages; of the different epithelial and other growths; of molluscous and condylomatous formations; of cancer of the skin; and of parasitic animals and plants; and, on the whole, the work contains a large amount of information to one who is engaged in the study of the essential nature of cutaneous affections.

The Manual of MM. Cazenave and Schedel—as already remarked—has been long before the medical public. In the year 1829, a translation was published in Philadelphia by the late Dr. R. E. Griffith; but the one before us is by Dr. Thomas H. Burgess of London, from the third edition of the French original, with notes and additions by the translator. It is the second American edition by Dr. H. D. Bulkley of New York, who has “enlarged and corrected” it from the last French edition, and appended additional notes. The original work embodied, as is well known, the substance of the views and experience in cutaneous diseases of M. Biett, who was one of the most distinguished dermatologists of France. “It was my text-book,” says the English editor, “during the two seasons of my attendance at the Hospital of Saint Louis, under M. Biett, and since that period I have had increased opportunities in this country [England] of testing its value as a practical guide in the treatment of cutaneous affections. I can conscientiously say that I know of no other work of a similar kind, either in the English or any other language, which is preferable to that of MM. Cazenave and Schedel, nor one which would answer our present purpose so well. The clear and methodical manner in which the diseases are arranged, and the concise and simple style of the work, contrast

favorably with the vague and obscure descriptions generally found in treatises on diseases of the skin."—*Preface to the English Edition*.

Equally encomiastic is the American editor. "Embodying as it does," he remarks, "the results of the long experience and accurate observations of M. Bielt, so favorably known for his zeal and industry in the pursuit of this branch of our profession, and drawn up by pupils of this able teacher, who enjoyed the advantages of the same extensive field in which he himself studied, it may be safely recommended to both practitioners and students, as combining faithful and graphic descriptions of these diseases, and sound principles for their treatment. Having myself adopted it as a text-book in the study of them at the Hospital of St. Louis, (well known to be specially devoted to these diseases in Paris) and having also since used it in several successive courses of lectures on the subject in this city, I need hardly say that I fully coincide with Dr. Burgess in his opinion as to its merits." "The present edition," he adds, "has been carefully compared with the original, and numerous omissions supplied of passages which the translator thought proper to omit, but which it is thought, both in justice to the authors and to render the work more complete, ought to be restored. Some errors also have been corrected which doubtless escaped his observation. Notes have been added, consisting mostly of the Editor's experience in the treatment of these diseases during the last eleven or twelve years, both in dispensary and private practice, with references to other works and to the experience of those entitled to confidence." Thus much from the Preface to the first American edition. In the one prefixed to the edition before us Dr. Bulkley remarks: "Six additional years, during which the Editor has both studied and lectured upon these diseases, have furnished him with materials from his own experience and from that of others, the more important of which he has interwoven with the notes and references in the former edition; and he trusts he has been enabled in this way to enhance the value of the work, both to the student and the practitioner, without materially increasing its size."

All these gentlemen—it will be observed—followed the excellent instruction imparted on skin diseases at the Hôpital Saint Louis; and all may naturally be presumed to be partial to a

manual, which embodies the observations and reflections of one so distinguished as M. Biett in the field of the profession which he so assiduously and successfully cultivated. We do not, however, think that their partiality has induced them to overestimate the work of MM. Cazenave and Schedel; we can, indeed, unhesitatingly endorse the encomiums they have passed upon it. The classification he adopts is what Dr. Simon calls the *Willan-Bateman'sche Systeme*, for which, in teaching, we are free to admit our preference, notwithstanding objections that may be urged against it—and what classification is free from them? It is on the basis of that of Plenck, “which,” says MM. Cazenave and Schedel, “in the present state of our knowledge, cannot be surpassed in clearness and precision.” And, in their last edition, they observe that it is in diagnosis that the classification of Willan exhibits its great advantages; and they add, that even if a natural classification of cutaneous diseases should at some future period be formed, that of Willan will always be retained for the purpose of diagnosis. Such is decidedly our own conviction; for, whilst we admit that the discrimination of the elementary lesions of the skin is not always easy, and that we may often remain in doubt as to which of the great divisions any special case may belong, it is liable to as few objections as any, and is decidedly more easy for the teacher and the student than any other. The classification of Biett, followed by MM. Cazenave and Schedel, like that of Willan, consists of eight orders—*Exanthemata*, *Vesiculæ*, *Bullæ*, *Pustulæ*, *Papulæ*, *Squamæ*, *Tubercula* and *Maculæ*; with the additional orders, *Lupus*, *Pellagra*, *Malum Alepporum*, *Syphilida*, *Purpura*, *Elephantiasis Arabum* and *Cheloidea*.

One form of difficulty in the diagnosis of a cutaneous disease, arises from the difficulty of appreciating the primary lesion as the elementary character may have disappeared, and given place to the secondary phenomena.

“The fluid of a vesicle”—say MM. Cazenave and Schedel—“may, for example, dry off and leave a small incrustation; a pustule may be converted into a scab, and the latter give way to an ulcer; hence it is necessary that we should study these secondary lesions, and know to what primary characters they correspond. Incrustations may succeed vesicles, vesicopustules, and papules; scabs occur in most pustular diseases, and ulceration may be a consequence of *rupia*, *ecthyma*, &c.

In cases like the foregoing, we must first ascertain the nature of the secondary lesion, then determine its corresponding primary element, and finally pursue the course just pointed out. For example, a patient comes to us with a disease of the skin, characterized by thick, rough, yellow scabs, which cover a large portion of the extremities, especially the legs, and when they fall off, expose superficial excoriations; the latter discharge purulent secretion, which dries up, and forms fresh scabs, these being the most characteristic features of the disease. Now it is easy enough to tell at once that this is a pustular affection, but not so easy to determine its species. The disease is evidently neither *variola* nor *vaccinia*; the pustules of *ecthyma* are large, isolated, and frequently covered by black, tenacious scabs, which end in ulceration; it is neither *acne* nor *mentagra*, the pustules of which rarely ever give rise to scabs, and are especially followed by chronic indurations. The only affections, then that remain are *impetigo* and *porrigo*, and we have merely to compare the character of these two species in order to decide. It is unnecessary to enumerate here the signs by which we know that the disease is not *porrigo*; it is therefore *impetigo*, and as the scabs are scattered irregularly over the limb, it is *impetigo sparsa*.

In the preceding cases we have supposed that there were no remains of the distinct elementary lesion, while, in the great majority of cases, on the contrary, some may always be found perfectly unchanged in the neighborhood of the affected part.

In some cases different elementary lesions occur in the same subject, but even here we always find some predominant form, of which the rest are but complications. However, it may happen that we cannot ascertain at once the true nature of the disease. This occurs in certain chronic affections, where the elementary character gradually disappears, and seems confounded in a different order of phenomena. Even here a sudden exacerbation of the disease, or a return to health, may develop its primary character. The general remarks which we have just made do not apply to those orders which are not characterized by special elementary lesions; but the latter are distinguished by phenomena which we cannot mistake; or even, when they assume, as in syphilis, the elementary forms of other cutaneous diseases, they present certain special appearances, which leave no doubt about their nature. Finally, we must neglect nothing which can assist us in our diagnosis of cutaneous diseases. Beside the elementary characters, there are many signs, as the seat, form, and color of the eruption, its progress, condition of the patient, &c., which strike the practical observer, and enable him often to dispense with details."—P. 24.

In regard to the treatment of chronic cutaneous diseases in general, it luckily happens, that the same indications are presented in all. Where undue irritation or inflammation of the skin is present, it has always to be combated by appropriate agents; but in such as have long continued, owing to a *vice* in the system of nutrition of the part, which has to be broken in

upon, the same principles and the same agents for fulfilling these principles are generally indicated. There are but two modes on which we can act upon the affected tissues,—the one through remedial agents which may modify the blood, and through it the system of nutrition; the other through topical remedies, which are made to come into immediate contact with the diseased surface. Hence, the employment of such articles, as the oleum morrhue, and of the different preparations of iodine, of arsenic and of mercury, singly or combined, associated with various excitant ointments, is generally required. In the most inveterate cases, such an association is demanded; whilst in others topical remedies may be sufficient; but unless a proper system of discipline be enforced in regard to various affections of long standing, as lepra, psoriasis, trichonosis, &c., little effect will result from the application of any remedies. It may be laid down as a cardinal principle of management, that the cutaneous surface should be kept free from every concretion, by proper ablution, often repeated in the course of the day, and by the use of an appropriate unguent; and that by means of an oil silk covering, where this is practicable, the affected part should be maintained free from the irritating and desiccative influence of the air, so that the topical application may be kept in constant contact with the morbid surface; whilst the latter is preserved in the most favourable condition for the exercise of that recuperative action of the cells, without which all our remedial means must be fruitless; and if this course be persevered in, it is astonishing how successful will be the treatment of such cases; even after they have resisted the use of the same agents, less carefully and less systematically employed.

We would especially urge this desideratum in the treatment of chronic cutaneous diseases, from no little experience of its efficacy.

On every point connected with the management of cutaneous affections, the work of MM. Cazenave and Schedel, improved by the observations of Drs. Burgess and Bulkley, affords valuable information. The notes of Dr. Bulkley appear to be, in general, extremely pertinent. We observe, that he objects to the location of ichthyosis by MM. Cazenave and Schedel amongst the squamous affections as “misnamed as well as misplaced. There is nothing *scaly* about it.” And we agree with him; but we

are not so much in accordance with his view, that the name "*warty disease*" would be much more appropriate than that of fish-skin. "It is true"—he adds—"the cuticular appendages are not organized like true warts, and do not bleed on being removed; but otherwise their physical characters have a much greater affinity to those of warts than to the scales of fish." (Note, p. 240.) We should have objected less to the location of ichthyosis under "*hypertrophies of the skin and epidermis*," as has been done by Dr. Simon, (*Die Hautkrankheiten*, s. 42,); but we accord much more closely with the more recent views of Mr. Wilson on the pathology of this affection. "In the preceding edition of this work"—he remarks—"I regarded certain of these exodermal productions as hyperformations of epiderma, resulting from enlargement of the papillæ of the derma, while I retained others in the present group, under the designation of ichthyosis sebacea. I have since prosecuted my inquiries further into this subject, and have obtained clear evidence, that all the forms of ichthyosis are of the same nature; that they are, in fact, all concretions of altered sebaceous substance." (*On Diseases of the Skin*, 2d Amer. edit. p. 329, Philada., 1847.)

But we have exhausted our space, without having by any means exhausted the subject. All we can say, in conclusion, is, that the present edition of the work of MM. Cazenave and Schedel, enriched by its translator and annotators, is much more worthy of approbation than its predecessors; and may be consulted with eminent advantage, by every one who is desirous of being *à portée* with the existing condition of dermatological investigations, both as regards their pathology and therapeutics.

Report of the Pennsylvania Hospital for the Insane, for the year 1851. By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution.

Dr. Kirkbride's *eleventh* annual report presents a highly interesting picture of the noble institution under his charge. The following points in connection with the history of the hospital during the last year, deserves notice.

"For several months, during the past year, the whole house was inconveniently crowded, but the general good health which then prevailed.

enabled us to receive all the cases that were brought to the Hospital, although much difficulty was often experienced in accommodating them. As a large proportion of the people of Pennsylvania have always been accustomed to look to the Pennsylvania Hospital for relief for their friends when afflicted with insanity, it was felt to be a duty, as far as possible, to receive all whose condition rendered their removal from home important, or who were likely to suffer from the want of prompt treatment. The prospect for the State provision for the insane being soon available, was also another reason for our being willing, for a short period, to be somewhat incommoded by too large a number of patients, and we now have reason to believe that our present apartments will hereafter prove ample to accommodate all applicants for admission.

Of the patients discharged during the year 1851, were

Cured	107
Much improved	13
Improved	32
Stationary	23
Died	26
<hr/>	
Total	201

Of the patients discharged "cured," fifty-two were residents of the Hospital not exceeding three months; twenty-six between three and six months; twenty-three between six months and one year; and six for more than one year.

Of those discharged "much improved," three were under treatment less than three months; five between three and six months; two between six months and one year; and three for more than one year.

Of the "improved," nine were under care less than three months; five between three and six months; eleven between six months and one year; and eight for more than one year.

Of those discharged and reported "stationary," six were under care less than three months; four between three and six months; four between six months and one year; and nine for a longer period than one year.

Sixteen males and ten females have died during the year. Of these deaths, eight resulted from acute mania; one from acute dementia; five were cases of organic disease (softening) of the brain, of which the mental affection was only a symptom; one was from epilepsy; two from pulmonary consumption; three from dysentery; one from chronic ulceration of the throat; one from the exhaustion produced by a long continued refusal of food; one from suicide; one from cancer; and two from old age.

Of these deaths, eight occurred within less than a fortnight after their admission; while two were of patients who had been thirty-six years residents of the Hospital, and one had been more than twenty-five years.

Several of the cases of acute mania were undoubtedly injured by the

journey to the Hospital during the existence of the acute symptoms, which often cannot without difficulty be distinguished from those of inflammation of the brain. While this doubt exists, the patient had better be retained at home, and the probabilities of ultimate recovery are not lessened by such a course.

Of the patients who died, ten were admitted for mania; six for melancholia; and ten for dementia."

"The most important improvements made during the year, have been the erection of a new Museum and Reading-Room, increased means for a supply of water, with a change in the mode of raising it to the dome of the building, and additional apparatus for security from accidents by fire.

In addition to these improvements, a handsome summer-house has been erected on the mound in the ladies' pleasure-grounds. This mound, it may be recollected, is in a portion of the grounds from which, formerly, the view was very limited. The mound is about 80 feet in diameter at its base, 11 feet high, terraced and planted with shrubs and flowers, and, from the new summer-house on its summit, the view is one of the most extensive and pleasant to be found on the premises, without being at all deficient in the requisite degree of privacy.

The pleasure railroad, formerly in the lawn adjoining the main front of the centre building, has been removed to the woods, in the grounds appropriated to the female patients. This position for it is more desirable in every respect; with a much greater degree of privacy for all, it has now become accessible to a large class of patients who before had rarely, if ever, used it; while the fine trees, among which it is placed, make the exercise quite admissible at all hours, even in the warmest weather. The only objection to this arrangement is that, as now situated, the road can be used only by the female patients. With our present increased numbers, however, it will probably soon be deemed expedient to erect one of a similar character, on some part of the men's grounds, as it is a valuable means of exercise and amusement, highly enjoyed by a large number of patients.

The main culvert, into which all the branch culverts enter, and which formerly terminated a few feet beyond the western wall of the pleasure-grounds, has been extended across the adjacent meadow, a distance of 229 feet, so as to empty directly into Mill Creek, instead of doing so by circuitous route, as had been previously the case.

A bath-room over a vestibule on the north side of the physician's residence, has been completed; and that building supplied with water by a connection with the reservoirs in the dome of the Hospital."

"*The Association of Medical Superintendents of American Institutions for the Insane.*—Among the pleasant incidents of the past year, must be noted the very gratifying visit, which this Hospital in common with other institutions for the insane in this vicinity, received from the members of this Association during its recent meeting in Philadelphia. Founded in 1844, when its first meeting was held in Philadelphia, it now numbers among its associates nearly all the members of the medical

profession in America who are devoting themselves to the care and treatment of the insane. It has held annual meetings in various parts of the United States, and its members have visited and examined a number of the institutions for the treatment of mental diseases.

Such a body of men, possessing so large an amount of practical knowledge on this interesting subject, so capable of judiciously criticising what is defective and appreciating what is commendable in every department of such establishments, cannot but always be most welcome guests to all who are in any way concerned in their management, and anxious to profit by the experience of others. It can scarcely admit of a doubt but that it is the interest of every institution for the insane, on the continent, to be regularly represented at the meetings of the Association."

Remarks and Recommendations on the Professional Education of Dentists. By JOHN TRENOR, M. D., of New York. [From the New York Journal of Medicine.]

This pamphlet presents a very judicious and forcible argument in support of the position, "that a thorough knowledge of medicine and surgery is absolutely essential to enable the practitioner of dentistry clearly to understand and successfully to treat the cases which are constantly coming under his care." Dr. Trenor very decidedly coincides in the opinion lately expressed in this journal, by our correspondent, Dr. E. B. GARDETTE, that the *dental colleges*, brought into existence within a few years, are inefficient to remedy the deficiencies which have existed in dental education; and he maintains that they can be supplied to advantage "only in a well organized medical school." These views, we believe, are entertained by a large proportion of the best educated practitioners of dentistry in this country; and we learn that the propriety of attaching a chair of dental surgery to some of our Faculties of Medicine, has been recently urged and seriously canvassed.

Essays on Life, Sleep and Pain, etc. By SAMUEL HENRY DICKSON, M. D., Professor of Institutes and Practice of Medicine in the Medical College of the State of South Carolina.

This is a very interesting book on a very interesting train of topics, involving the domains of physiology, hygiene, metaphysics, and ethics, and centering in that subject of all-absorbing

fascination—"what 'tis we are, and we must shortly be." Our object in this notice is to express the very great gratification which the perusal of Dr. Dickson's Essays has afforded us. Designed, as the author informs us, rather for general than technical application, they are scarcely within the province of extended critical notice in a medical journal; and we have only to express our brief approval of what we feel satisfied must have already become one of the popular works of the day.

A Treatise on the Diseases of the Chest, being a Course of Lectures delivered at the New York Hospital. By JOHN A. SWETT, M. D., Physician to the New York Hospital.

In our next number, we shall notice at length this work, which has just been issued from the press of Messrs. D. Appleton & Co. of New York.

THE MEDICAL EXAMINER.

PHILADELPHIA, MARCH, 1852.

We beg leave to call the attention of our readers to the following excellent system of summer instruction, the advantage of similar schools having been amply tested by students who remain in Philadelphia during the summer months. There are two in successful operation here, viz.: the Philadelphia Association for Medical Instruction, whose announcement will be found in our advertising sheet, and the Philadelphia Medical Institute.

CHARLESTON PREPARATORY MEDICAL SCHOOL.

Preparatory Schools of Medicine have, for a long time, been very much needed in the United States.

Impressed with this fact, the American Medical Association, a few years ago, unanimously adopted a resolution in which the establishment

of such Schools was strongly recommended. In the Southern States, two have already been projected, and there can be little doubt that before many years they will be found wherever Medicine is systematically taught.

Acting upon the recommendation of the American Medical Association, the undersigned have united for the purpose of establishing an Institution of the kind,—a school, of which the object will be to impress upon the student's mind the elements of medical education, in conjunction with a practical knowledge of his profession.

The Marine Hospital, and the Hospital attached to the Alms House, afford an opportunity of studying a variety of cases at the bedside; and the Physicians* attached to those institutions, will give Clinical Instruction twice a week, or more frequently; the Roper Hospital, with accommodation for beds, it is hoped will be completed in a short time; and the most distinguished Surgeons of the city have kindly promised to operate in the presence of the students on such cases as may conveniently be brought before the class. In addition to which, the students will have access to all cases among the patients of the Teachers in the school, as they can with propriety be allowed to visit.†

Before each lecture, all members of the class, who do not object, will be examined thoroughly on the preceding lecture in the same department; and during the session of the Medical College of the State of South Carolina, they will be examined gratuitously on the lectures delivered at that Institution.

Hygienic improvements, vigorously carried on during many years past, have, there is reason to hope, now rendered Charleston entirely exempt from even those *occasional* epidemics of fever which formerly deterred strangers from visiting her in summer; and her mortuary statistics prove her to possess a salubrity of climate enjoyed by very few cities in the world.

The expense of living here is moderate. Board and lodging may be had in respectable houses from \$3.50 to \$5 a week, and upwards, according to the character of the accommodation furnished.

* Drs. D. J. Cain and J. F. Prioleau.

† Such cases as can be brought to the Lecture room will there be exhibited and explained.

Drs. R. Sobby and J. F. Mitchell, who have each a large Obstetrical Practice, will, as well as the regular teachers in the school, enable the student to see midwifery cases as frequently as possible. In short, ample opportunity will be afforded for acquiring a practical as well as theoretical knowledge of the profession.

A line of steamboats, making frequent and regular trips, enables one conveniently to attend to business in the city through the day, and to spend the evening and night in the enjoyment of the delightful atmosphere of Sullivan's Island.

The session of the School will commence on the first Monday in April, and terminate on the last Saturday in July.

The different Chairs will be occupied as follows :

Anatomy and Physiology,—By Dr. F. T. MILES.

Institutes and Practice of Medicine,—By Dr. D. J. CAIN.

Materia Medica and Therapeutics,—By Dr. F. PEYRE PORCHER.

Obstetrics and Diseases of Women and Children,—By Dr. E. BELIN FLAGG.

The Chair of Surgery has been offered to a gentleman now in Europe. Should he accept it, his name will appear in another Prospectus a few weeks hence ; should he not do so, the Chair will be otherwise filled as soon as an answer from him is received.

Terms.—Fifty dollars for the Course, including Examinations during the Winter.

N. B.—Further information can be obtained from Dr. Cain, No. 98 Wentworth Street, Dr. Flagg, No. 15 Archdale Street, Dr. Porcher, No. 30 Wentworth Street, or Dr. Miles, Beaufeul Street.

At a Stated Meeting of the Northern Medical Association held January 1st, 1852, the following members were elected as Officers for the present year.

President.—Dr. B. S. Janney.

Vice President.—Dr. N. L. Hatfield.

Counsellors.—Drs. J. F. Lamb, J. Uhler, J. Remington, G. W. Patterson, and J. N. Handy.

Treasurer.—Dr. M. B. Smith.

Secretary.—Dr. J. Henry Smaltz.

Corresponding Secretary.—Dr. J. Remington.

Reporting Secretaries.—Drs. H. Hartshorne, S. N. Troth.

Delegates to American Medical Association.—Drs. J. F. Lamb, R. H. Townsend, N. L. Hatfield, H. Hartshorne, W. Maybury and R. J. Levis.

Extract from the Minutes.

J. HENRY SMALTZ, Sec. North. Med. Association.

C I R C U L A R .

Paris, France, January 10th, 1852.

At a recent meeting of the American physicians in Paris, an association was established, whose object is the promotion of medical science. This association, essentially national, is now progressing under the most favorable auspices; it is intended to be permanent in its nature, and is designated the "*American Medical Society in Paris.*"

Notwithstanding the vast advantages afforded by the French metropolis for the study of medical and surgical science, we feel ourselves isolated from our national medical literature, and, therefore, confidently appeal to the conductors of American journals and periodicals.

We do this with the less hesitation, feeling assured, that it will be not only a medium of improvement to ourselves, but a means of a more general diffusion and just appreciation of American literature.

By order of the Society,

ALEXANDER J. SEMMES, M. D., of D. C.

Corresponding Secretary of the American Medical Society in Paris.

Secular and professional journals in the United States, are very respectfully requested to copy the above circular.

P. S. In accordance with the resolutions of the American Medical Society in Paris, Dr. R. M. Jones, of Lexington, Ky., and Dr. Alexander J. Semmes, of Georgetown, D. C., have been appointed two of three delegates authorized. These gentlemen will sail from Liverpool in time to present their credentials and request seats in the Convention.

M E D I C A L N E W S .

PENNSYLVANIA HOSPITAL.—The Board of Managers of this Institution have resolved to appoint an additional attending surgeon, which increase will make the number of surgeons *four* instead of *three*, as at present. The election for this post will be held on the first Monday in May.

MEDICAL DEPARTMENT OF THE ARMY.—By a Board of Army Surgeons, which recently convened in the city of New York for the examination of Assistant Surgeons for promotion, and of candidates for appointment in the Medical Staff of the Army, the following named gentlemen were examined and approved.

Assistant Surgeons.—Levi H. Holden, Richard F. Simpson, Robert Murray, and Lewis A. Edwards.

Candidates for Appointment.—Basil Norris, Md.; T. Charlton Henry, Pa.; Andrew J. Foard, Ga.; Edward P. Vollum, N. Y.; John Moore, Ind.; Andrew K. Smith, Conn.; Edward H. Watson, Pa.; Richard Potts, Md.; Richard H. Alexander, Ky.; and George Suckley, N. Y.

A BOARD OF NAVAL SURGEONS convened on the 16th ult., at the U. S. Naval Asylum, for the examination of Assistant Surgeons for promotion. The Board consisted of Surgeon Thomas Dillard, President, and Drs. Horner, Mosely, Blacknall, and Hunter, members.

DR. VALENTINE MOTT has been recalled to the Professorship of Surgery, and the Presidency of the Medical Department of the University of New York. It is not known whether the Doctor will accept. The effort having failed to secure Dr. Goddard, of Philadelphia, for the chair of Anatomy, vacated by the death of Dr. Pattison, it is thought that Dr. Van Buren will be appointed to that post.

EXTRAMURAL INTERMENTS IN LONDON.—Lord J. Russell has lately announced, that the Government of Great Britain would shortly introduce a bill to facilitate the promotion of this desirable hygienic reform.

THE MUMMY FOUND IN ST. STEPHEN'S CRYPT, WESTMINSTER.—On Saturday, 31st January last, a minute examination of the mummy found a few days previously, took place in London. The body, after being unrolled, was removed from its narrow cell and placed upon a bench. An incision having been made down the centre of the abdomen, and in a lateral direction round the skull, a layer of fine thick canvass cloths was removed from off the face. A second series bound round by string having then presented themselves, they were in due course loosened, and the face was disclosed in a remarkable state of preservation. The cartilage of the nose was not at all decayed, and, with the lips and other portions of the face, remained perfectly flexible to the touch. Even the expression of the countenance was in a degree retained, and it was remarked that the identity of the individual would not have been impossible, had any compeer of his venerable age been present. The stomach was found to have retreated from the cloth, and to have become a mass of adipose matter, in which state the legs and arms were also found. No writing of any description was discovered in the folds, nor was any mark leading to an identity of the individual found. The body measured 5 feet 11 inches in length; and, judging from the front teeth remaining, three or four of which in the lower jaw were

much worn, must have been that of a very aged man. The mouth was filled with tow, which had evidently been steeped in wax; and a small quantity of hair remained on the chin and upper lip. The crozier was entirely of oak, with an elaborately carved crook—the whole measuring 6 feet 2 inches in length. The gentlemen present at the examination unanimously agreed, that the presumption of its being Lydwolfe, Bishop of St. David's, who died about the middle of the fifteenth century, was almost indisputable.

DEATH OF M. GANNAL.—The Paris obituary list of the last week in January contains a name of some celebrity, that of M. GANNAL, the inventor of the new embalming system. His career was a singular one. Apprenticed to an apothecary in early life, he imbibed that taste for, and acquired that knowledge of chemistry, which subsequently proved so serviceable to him. At the commencement of the century, the conscription forcibly took him from his favorite studies. In a short time, he became attached to the medical corps of the French army in Germany, and was present at some of the great battles of Napoleon against Prussia and Austria, and formed part of the medical staff in the Russian campaign. In the disastrous retreat which followed, he was taken prisoner at Wilna, but on four occasions succeeded in making his escape, and was as often recaptured. After a thousand adventures by flood and field, in 1815 he returned to France, where his acquirements soon obtained for him a place in the School of Pharmacy, and he made several curious discoveries in chemistry, which, however, with the exception of a prize at the Academy of Sciences, procured him no real advantages; until his great discovery of embalming by means of a chemical preparation, which in a few years made him master of a large fortune. M. Gannal's account of his process was published in 1839, in this city, translated by the late Dr. Richard Harlan.

NAVAL ASSISTANT SURGEONS.—The cause of the Naval Assistant Surgeons progresses. It will no doubt be a subject of congratulation to the gentlemen in the Service to know, that Admiral Houston Stewart, one of the Lords of the Admiralty, and Mr. Montague Chambers, Q.C., both being candidates to represent the borough of Greenwich in Parliament, have promised to insist that the Admiralty Order of July, 1850, shall be carried out in strict integrity and without evasion. We hoped to publish the correspondence that has taken place on this subject between the respective candidates and Mr. T. M. Stone; but, for certain reasons the naval candidate objects to the publication of his letters.

Mr. Chambers, however, states, that the subject to which his attention had been drawn by Mr. Stone, had occupied his thoughts long before he was solicited to become a candidate to represent Greenwich; that it was his opinion the Naval Assistant-Surgeons should occupy a very different position as men of education, competent to discharge such serious and essential duties so intimately connected with the welfare, the safety, and the comfort of the Naval service. "I assure you most sincerely," says Mr. Chambers, "that I am thoroughly convinced of the necessity of the Admiralty Order, and that to the utmost of my power I will afford any assistance I can, as a Member of Parliament or otherwise, in causing it to be carried into execution according to *its true spirit and object*;" and, in conclusion, Mr. Chambers states, that "the condition of the other medical officers must be improved, and placed on a similar footing to their more fortunate brethren in the Army." Fearing he had not been sufficiently explicit, he again wrote to Mr. Stone, expressing his regret that he was not at home when that gentleman called on him, as it would have enabled him to confer with Mr. Stone "upon the most useful way of serving the cause of the Naval Assistant-Surgeons, and glad to have the opportunity of expressing my sentiments, and affording even the most trifling aid in so good a cause."

It is generally understood in Greenwich, that both the gentlemen will be returned to parliament. This will then be a great addition to the ranks of those members who have already so nobly supported Captain Boldero in his efforts to improve the position of the Naval Assistant-Surgeon.—*Lond. Med. Times.*

MR. SYME'S ORIGINALITY.

To the Editor of the Medical Times. SIR,—I read in your replies to correspondents a notice regarding my former master, Professor Syme. His wonderful operations have, as is well known in Edinburgh, excited the jealousy of London surgeons, who are still unwilling to admit that all discoveries in surgical science for the last forty years have emanated from our University. Who, before Mr. Syme, introduced the excision of joints? Who, before Mr. Syme, operated at the ankle-joint? As to your notice of the perineal section, stated to have been performed by a French surgeon of little note, I ask, where are the cases which he has recorded? and why are we to believe your simple assertion in preference to others? As for the lip operation, so peculiarly his own, who ever dreamed of restoring that important organ before Mr. Syme? In diagnosis, too, Mr. Syme is notoriously pre-eminent. Who but he de-

tected an aneurism of the carotid, and tied it too, when his colleague had diagnosed a strumous gland? Who but he cut down upon the iliac, when others only saw a malignant tumor of the groin? You may attack the professional characters of those whom you and your compeers can never hope to equal: but I tell you that there are plenty who, with myself, are willing to believe in Mr. Syme's statement, before all the medical journals put together, and ready to take up more than the cudgel in his defence.

I am, &c.

Edinburgh.

A FORMER PUPIL OF MR. SYME.

[As regards our correspondent, it is evidently not true that "the ass knoweth his master's crib."—ED. *Med. Times*.]

A BRAZEN HOMŒOPATH.

To the President of the Royal College of Physicians.

SIR,—I am anxious to know if you will admit me to an examination for the degree of Doctor of Medicine, and as I wish to act honestly and fairly to you, I think it best to state, that I differ from the views of the College in one branch of the examination—viz., the therapeutical. However, I will give my answer to any question you put according to the old mode of healing disease, and at the same time, if agreeable to you, state what homœopathists consider the best method of curing disease. I trust the fact of my being a homœopathist, which I am from conviction and long experience, will not prevent you from granting me that diploma which I am desirous of obtaining. I have the honor to be, &c., &c.

Reply.

SIR,—The foundation of the Royal College of Physicians was for the purpose of guaranteeing to the public skilful and safe practitioners. The College of Physicians regard the so-called homœopathists as neither skilful nor safe practitioners. Therefore the College cannot, without betraying a sacred trust, give its license to persons whom they regard as wholly unworthy their confidence, and with whom it is not possible they can hold any communion. I remain, sir, your obedient servant,

Dublin Med. Press.]

J. A. PARIS.

MEDICAL CHARITIES—The following princely donations have been bequeathed to the undermentioned medical institutions by the late Mr. Thomas Dickinson, of Upper Holloway. The Idiot Asylum, 2000*l.*; the London Hospital, 1000*l.*; the Royal Free Hospital, 1000*l.*; the Charing Cross Hospital, 1000*l.*; the Fistula Infirmary, 1000*l.*; and the Holloway Dispensary, 500*l.* In addition to the above munificent sums to medical charities, this gentleman has left similar large amounts to various non-medical institutions.—*Lond. Med. Times*.

HONORS OF MEDICAL MEN.—It has pleased the Queen to grant permission to Mr. Owen, the distinguished professor of Comparative Anatomy at the College of Surgeons, to reside in one of the houses on Kew Green which belonged to the late King of Hanover. The gift was accompanied by a very flattering letter from Prince Albert to the professor. Another of the houses on the same green has, we understand, in a like kindly spirit, been presented for a residence during life to Dr. Joseph Hooker. We have also to record a mark of royal favor bestowed by a foreign sovereign on Professor Owen. Our readers know that the King of Prussia instituted some time since an Order of Merit, for men distinguished in art and in science—and which consists of sixty chevaliers, thirty Prussians and thirty foreigners. Amongst the latter was the late Professor Oersted; and Professor Owen has been selected by Frederick William to supply the vacancy occasioned by his death. In this order there are now five Englishmen:—Mr. R. Brown, Sir David Brewster, Sir J. Herschel, Mr. Faraday and Professor Owen.—*London Lancet.*

MUNIFICENT DONATION.—The Countess de la Riboisière has left all her property to the city of Paris, the surviving Count retaining a life-interest. This bequest, which is said to amount to the enormous sum of £320,000, is intended for the foundation of an hospital, which is to bear the name of La Riboisière.—*Ibid.*

BARON PASQUIER, formerly surgeon to Louis Philippe, died at Paris on the 4th of January, 1852. His widow has been granted a pension from Government, as she was left without property.—*Ibid.*

MEDICAL MUSEUMS.—The famous toxicologist, Professor Orfila, ex-dean of the Medical Faculty of Paris, has recently returned from visiting the chief medical museums of Germany. He had previously explored those of Italy, Spain, and England. The palm of superiority he awards to France; though he admits that in some things the French museums are excelled by those of London and other places. In comparative anatomy, the museum of our College of Surgeons, and the Berlin museum of normal anatomy, take the foremost rank. The collection of skeletons contained in the latter is unrivalled, both for the number and beauty of the preparations. *L'Union Médicale*, of 11th December, devotes a *feuilleton* to Orfila's notes on the German museums.—*London Journ. of Medicine.*

INTERNATIONAL SANITARY CONVENTION IN PARIS.—It was certainly a happy idea to collect in Paris, delegates from all the countries bathed by the Mediterranean, in order to frame laws and regulations, which should place the sanitary relations of the various countries upon an uniform basis. This convention, composed principally of medical men, consuls, &c., has just closed its meetings, which took place once a week regularly for the last six months; and plans for international sanitary relations have been framed and placed in the hands of the French Government. When these plans have been ratified by the respective powers, they will be published and put in force. It is, however, already known that the system of quarantine will be thoroughly changed; in fact, orders have already been given by the French Government to pull down the lazaretto at Marseilles, and convert it into docks. We shall just mention, *en passant*, that each member of the convention has been courteously decorated with the cross of the Legion of Honor. When shall we have marks of distinction bestowed upon deserving medical men in this country?—*London Lancet*.

ARSENIC EATERS.—A trial for murder took place lately in Austria, in which the prisoner, Anna Alexander, was acquitted by the jury, who, in the questions put to the witnesses, in order to ascertain whether the murdered man, Lieutenant Mathew Wurzel, was a poison-eater or not, elicited some curious evidence relating to this class of persons. As it is not generally known that eating poison is actually practised in more countries than one, the following account of the custom, given by a physician, Dr. T. von Tschudi, will not be without interest. In some districts of Lower Austria and in Styria, especially in those mountainous parts bordering on Hungary, there prevails the habit of eating arsenic. The peasantry in particular are given to it. They obtain it under the name of *hedri* from the travelling hucksters and gatherers of herbs, who, on their side, get it from the glass-blowers, or purchase it from the cow-doctors, quacks, or mountebanks. The poison-eaters have a two-fold aim in their dangerous enjoyment; one to obtain a fresh, healthy appearance, and acquire a certain degree of *embonpoint*. The number of deaths in consequence of the immoderate enjoyment of arsenic, is not inconsiderable, especially among the young. Every priest who has the cure of souls in those districts where the abuse prevails, could tell of such tragedies; and the inquiries made by Dr. Tschudi on the subject have opened out very singular details. The second object the poison-eaters have in view, is to make them, as they express it, "better-winded!"

—that is, to make their respiration easier when ascending the mountains. Whenever they have far to go, and to mount a considerable height, they take a minute morsel of arsenic, and allow it gradually to dissolve. The effect is surprising; and they ascend with ease heights which otherwise they could climb only with effort. The dose of arsenic with which the poison-eaters begin, consists, according to the confession of some of them, of a piece of the size of a lentil, which in weight would be rather less than half a grain. To this quantity, which they take fasting several mornings in the week, they confine themselves for a considerable time; and then gradually, and very carefully, increase the dose according to the effect produced. A strong, hale man, upwards of sixty, takes at present at a dose a piece of about the weight of four grains. For more than forty years he has practised this habit, which he inherited from his father, and which he in his turn will bequeath to his children. It is well to observe, that neither in these nor in other poison-eaters is there the least trace of an arsenic cachexy discernible; that the symptoms of a chronic arsenical poisoning never show themselves in individuals who adapt the dose to their constitution, even although that dose should be considerable. It is not less worthy of remark, however, that when, either from inability to obtain the acid, or from any other cause, the perilous indulgence is stopped, symptoms of illness are sure to appear, which have the closest resemblance to those produced by poisoning from arsenic. These symptoms consist principally in a feeling of general discomfort, attended by a perfect indifference to all surrounding persons and things, great personal anxiety, and various distressing sensations arising from the digestive organs, want of appetite, a constant feeling of the stomach being overloaded at early morning, an unusual degree of salivation, a burning from the pylorus to the throat, a cramp-like movement in the pharynx, pains in the stomach, and especially difficulty of breathing. For all these symptoms there is but one remedy—a return to the enjoyment of arsenic. According to inquiries made on the subject, it would seem that the habit of eating poison among the inhabitants of Lower Austria has not grown into a passion, as is the case with the opium-eaters in the East, the chewers of the betel-nut in India and Polynesia, and of the cocoa-tree among the natives of Peru. When once commenced, however, it becomes a necessity. In some districts sublimate of quicksilver is used in the same way. One case in particular is mentioned by Dr. von Tschudi, a case authenticated by the English ambassador at Constantinople, of a great opium-eater at Brussa, who daily consumed the enormous quantity of forty grains of corrosive sublimate with his opium.

In the mountainous parts of Peru the doctor met very frequently with eaters of corrosive sublimate; and in Bolivia the practice is still more frequent, where this poison is openly sold in the market to the Indians. In Vienna the use of arsenic is of every-day occurrence among horse-dealers, and especially with the coachmen of the nobility. They either shake it in a pulverized state among the corn, or they tie a bit the size of a pea in a piece of linen, which they fasten to the curb when the horse is harnessed, and the saliva of the animal soon dissolves it. The sleek, round, shining appearance of the carriage-horses, and especially the much admired foaming at the mouth, is the result of this arsenic-feeding. It is a common practice with the farm-servants in the mountainous parts, to strew a pinch of arsenic on the last feed of hay before going up a steep road. This is done for years without the least unfavorable result; but should the horse fall into the hands of another owner who withholds the arsenic, he loses flesh immediately, is no longer lively, and even with the best feeding there is no possibility of restoring him to his former sleek appearance. [The preceding extraordinary statement is abbreviated from a recent number of *Chambers's Edinburgh Journal*, in which it is given as authentic. The use of arsenic in improving the condition of horses is not unfrequent in this country, and its value in the cutaneous diseases of man is established. Such facts, in some degree, confirm these statements; but we entertain grave doubts that an agent of such uniform power as arsenic, could be commenced and habitually continued, in the large doses here mentioned, without producing effects the converse of those described.]—*London Lancet*.

RECORD OF MEDICAL SCIENCE.

SURGERY.

Case of a Foreign Body in the Air-Passages; Tracheotomy performed for its removal. Expulsion of the body twenty-eight days after the Operation, and recovery of the Patient. By DAVID JOHNSTON, A. M., Surgeon to the Royal Infirmary, Montrose.—On Monday, May 5, 1851, John C——, aged fifteen, a clerk in a railway office, came from the country, a distance of nine miles, and applied to me for relief, relating the following circumstances:

Between seven and eight o'clock in the evening of the previous Thursday, May 1, while sitting with a sister, cracking and eating hazel-nuts,

something occurred to cause a hearty fit of laughing, when he had a piece of nut-shell in his mouth, and the sudden inspiration caused the shell to disappear from the mouth and pass into the stomach, as he supposed. He was immediately seized with a paroxysm of suffocating cough, which lasted nearly an hour, and which left him in a state of extreme exhaustion. He slept during the night, although much annoyed with cough. Next day he felt pain about the throat, but no difficulty in swallowing. Towards evening his breathing became croupy and his voice husky. On Saturday, a surgeon who saw him administered an emetic, and passed a probang into the stomach, but found the œsophagus free from any obstruction.

When seen on Monday, the breathing was croupy and labored, and so loud and rough, that it could be heard outside the apartment in which the boy was; the voice was husky and could not be raised above a whisper; there was a constant hacking cough, accompanied by a little frothy expectoration; he complained of acute pain, increased by pressure, in the trachea, about an inch above the top of the sternum, and stated that the pain was more in the situation of the larynx during the two first days of his illness. He complained also, of a feeling of constriction in the chest, and of pain in the left side, referred to the neighborhood of the nipple. The skin was hot and dry, the pulse 108, and the respirations 24.

When stripped, the expansion of the thorax during inspiration was seen to be less complete than natural, and the ribs of the left side depressed. On applying the stethoscope over the trachea, a loud hoarse sound was heard, both during inspiration and expiration. The respiratory murmur was more audible over the upper part of the right lung than the left, and percussion also yielded a clearer sound over the right than the left side.

The diagnosis formed after this examination was, that the nut-shell had passed into the trachea, and that its outline being probably irregular and serrated, it had become entangled either in the trachea, at the spot where pain was felt, or in the left bronchus.

The serious nature of the case was explained to the boy and his friends, and it was recommended to them that he should remain in Montrose, where more speedy access could be had to assistance at any time, than in the country, at a distance of miles from any medical practitioner. To this proposal they assented.

May 6th.—Morning: Has had little sleep during the night, on account of cough, which is constant, but which does not occur in paroxysms; is unable to lie on either side; feels occasionally as if suffocation was impending, and obliged to start to the upright position; the countenance is anxious and pale, pulse 120. Evening: no better; was seen by a professional friend, who concurred with me in recommending tracheotomy, which was to be performed early next morning should no relief occur till then.

7th.—Eight A. M.: This morning, the seventh day after the occurrence of the accident, I opened the trachea, assisted by Messrs. Law-

rence and Niddrie, surgeons. Fearing the probability of a considerable amount of blood finding its way into the air passage, it was deemed prudent to withhold chloroform. An incision of two inches in length was made exactly in the mesial line, between the cricoid cartilage and the sternum; a large turgid vein, which ran obliquely across the upper extremity of the wound along with the isthmus of the thyroid gland, was raised upon an aneurism needle, and pulled upwards out of the way of the knife, and the skin and other coverings of the tracheal tube divided. There was not the slightest hæmorrhage, and the trachea was immediately seized by a tenaculum, and opened to the extent of an inch and a half. After the lapse of a few minutes, an attempt was made to ascertain by a probe the situation of the shell. The irritation caused by this proceeding gave rise to such a paroxysm of spasmodic cough, that it was found impossible to persist in the exploration. The patient was allowed to rest a little, and another attempt made, but with the same result. With such force was the bloody mucus expelled from the wound, that the ceiling of the room was completely bespattered with it. At this stage of the proceeding, chloroform was administered, and with the happiest result. The trachea was now carefully examined with a probe, both above and below the wound; a pair of curved forceps, such as are used for extracting nasal polypi, with the blades closed, were introduced both into the right and left bronchus, but no foreign body could be detected. The little finger was passed upwards into the larynx, and its cavities examined; the tube, as far down as the bifurcation, was also hurriedly examined by the finger. The fauces and pharynx were also carefully explored, but still the object of search could not be found. All oozing of blood having ceased, the wound was now closed by stitches, covered with a pledget of lint soaked in tepid water, and the patient put to bed. Four P. M. No better: air and mucous escaping freely through the wound between the sutures; complains of sharp pain in the left side, in the neighborhood of the nipple; pulse 120; skin hot and dry; was again subject to the influence of chloroform, and the air-passages once more carefully examined, both with the finger and probe, with no more satisfactory result than before. The wound was more loosely closed than in the morning, and a dose of sulphate of magnesia with tartarized antimony was ordered to be taken in two hours. Nine P. M. Medicine has acted well; still complains of pain in the left side, and of a feeling of tightness over the whole chest; much teased with cough, which aggravates the pain; unable to expectorate on account of the escape of air through the wound; can only speak in a whisper; respiration abdominal. To have twelve leeches applied under the clavicles, and the following powder every three hours: submuriate of mercury, two grains; tartarized antimony, one eighth of a grain; compound ipecacuanha powder, two grains and a half.

8th.—Morning: has slept little; pain in side less severe; other symptoms much the same. The sutures were removed to allow free escape of mucus from the wound. Takes a little tea and toast. Evening: has been sick with the powders, but has not vomited.

9th.—Has passed a more comfortable night; can lie on either side to-day, but feels easier on the right; the chest expands very imperfectly, and the left side is flattened; the sounds are the same as before the operation. Pulse 100. The gums are beginning to get tender. He was ordered to take the powders only thrice daily, to have a dose of sulphate of magnesia immediately, and a blister under each clavicle.

10th.—He feels better, and his bowels have been freely opened; gums sore; copious discharges of mucus from the wound, but cannot expectorate by the mouth; still unable to speak, except in a whisper; pain in the side gone; has never felt the acute pricking pain in the throat since the operation; less stridulous and noisy. Pulse 96. Cough still very troublesome. To have a powder twice daily, and a tablespoonful, frequently, of the following mixture:—Syrup of squills, one ounce; ipecacuanha wine, two drachms; weak solution of morphia, one drachm and a half; camphor mixture, six ounces and a half.

11th.—Slept soundly five or six hours last night, and is beginning to relish food, which has been entirely farinaceous; still much annoyed with cough, and unable to lie on the left side, except for a few minutes; both blistered surfaces secreting pus freely, and wound granulating; the outward aspect of the thorax, as well as the sounds, continue without improvement. Pulse 80. Omit the powders, continue the expectorant mixture, and take a dose of castor-oil when necessary. To have beef-tea and an egg daily.

12th.—Same as yesterday: although the dulness and absence of respiratory murmur, as well as the flattened and immovable state of the left side of the thorax continued, the patient seemed to improve; his cough diminished, the breathing became more natural, the countenance lost, in a considerable degree, its anxious expression, the appetite returned, and he was able to pass nearly the whole of the day out of bed. This improvement went on progressively until the 17th, the day on which he ceased to breathe through the wound, and on which his voice recovered its natural tone; when all the amendment which had taken place was immediately dissipated, and the same train of inflammatory symptoms occurred which had proved so troublesome immediately after the operation. The same kind of treatment was again resorted to, and by the 31st the severity of the symptoms were again subdued. On that day a small abscess was opened on the left side of the neck, which discharged about a tablespoonful of pus.

June 4th.—This afternoon, between five and six o'clock, the patient was seized suddenly with a severe lacerating pain in the chest, behind the lower part of the sternum, accompanied by a paroxysm of cough, so severe that the by-standers expected instant dissolution. This lasted for twenty minutes, during which time I was sent for. By the time I arrived, however, all the symptoms of impending suffocation had vanished; and I had the satisfaction of finding the patient with the nut-shell, which had been such a source of danger and distress to him, in his hand instead of in his chest, where it had remained for a period of thirty-five days. It had been expelled by the mouth in coughing.

He now continued to improve steadily until the 13th of June, when he left Montrose for the country, with the wound almost cicatrized. When examined at this date, the cough and dyspnœa had altogether left him, but there still remained a degree of immobility of the parietes of the left side of the thorax, and the respiratory murmur was not so distinct on that as on the opposite side.

17th.—The young man was seen to-day, his chest examined, and no indication of disease found. The fragment of shell had an irregular, oblong form, and a rough, notched edge. It measured half an inch in length, and three-eighths of an inch across the widest part of its narrow diameter.

Remarks.—The history, as well as the physical examination of this case, left no room to doubt its nature, although the patient himself imagined that the shell had been swallowed: the immediate attack of suffocating cough, the continuance of dyspnœa, and other symptoms of interruption of the functions of the respiratory organs, after the œsophagus was found free from the presence of the shell, indicated its lodgment in some part of the air-passages. This opinion was confirmed by the aids afforded by the stethoscope and percussion. The uneasy feeling experienced by the boy about the middle of the trachea, seemed to indicate the probability of its being entangled in the mucous membrane in that situation, (and this had probably been the case during the first days of illness;) but the sounds produced by respiration and percussion, as well as the depressed and immovable state of the parietes of the left side of the thorax, pointed out with greater precision the left side of the bronchus, or some of its subdivisions, as the seat of fixture. All the symptoms led to the opinion that the shell was immovable; and its probable shape tended to strengthen this idea.

The amount of improvement which took place between the abatement of the inflammatory symptoms and the 17th of May, was calculated to lead to the belief that the offending body had been ejected unobserved along with the bloody mucus which was so forcibly expelled during the introduction of the probe before anæsthesia was induced; but the continuance of the unnatural position of the left lung, militated much against this opinion.

The blades of the forceps which were used to explore the bronchi, measured three inches and a half in length, and were introduced into each bronchus as far as the joint. It is possible that the shell, lying with its concavity closely applied to the mucus surface of the canal, and with its smooth convexity outwards, may have escaped detection with the forceps used as a probe; but the likelihood is that the body lay fixed deeper in the chest than it was possible to introduce them. It is almost impossible that it could have been undetected in those parts searched with the finger—viz., the cavity of the larynx and the whole length of the tracheal tube. It was obviously an oversight to close the wound, as the opening in the trachea afforded the patient the only available safeguard against suffocation, should the shell have suddenly

become impacted in the rima. This error was, however, remedied on the morning after the operation.

This case serves to illustrate what is perhaps a novel application of chloroform. By a little delay, there is no doubt but the air-passages would have become enabled to endure with less resistance the irritation caused by the introduction of instruments, but never to allow of the accurate and prolonged examination, both by the probe and the finger, which was instituted. If the trachea of the patient is sufficiently large to admit the finger, and the wound sufficiently extensive to allow plenty of space for the carrying on of respiration after its introduction, the canal above the wound may be as carefully examined with the best and most delicate of all probes, as the mouth or fauces, without the slightest risk to the patient. The examination of the tube downwards must be performed hurriedly, and of course less satisfactorily. Notwithstanding the handkerchief held to the mouth and nostrils was repeatedly charged with chloroform, even to saturation, it was found impossible to induce insensibility until a sponge charged with the anæsthetic was applied to the wound.

Although the patient in this instance derived no benefit from the performance of tracheotomy, the risks he evidently encountered, and the termination of the case, clearly show that the operation was indicated. Some object to the performance of this operation under such circumstances as those related, except when the symptoms are imminent, from the fact that foreign bodies are often expectorated. But it is a fact equally well known, that in general, if they are allowed to remain for any length of time in such a situation, the constant irritation their presence gives rise to is the cause of serious mischief, which even their expulsion by expectoration fails to prevent from terminating in death, which, in such cases, is most frequently caused, not by suffocation from the foreign body getting entangled in the rima, or from any other sudden termination, but from phthisis, bronchitis, or some other tedious and destructive disease being induced by this cause.—*London Lancet.*

Removal of a Nævus by a Platinum Wire, heated by a Galvanic Current.—Our readers probably remember the cases of fistula in ano and hæmorrhoids successfully treated by Mr. Marshall, at University College Hospital, with the platinum wire, made red hot by a galvanic battery. We perceive that Mr. Hilton has been trying this plan of cutting and searing at the same time upon a nævus of the flat kind, situated in front of the ear of a child two months old. The operation was performed with Cruikshank's battery and a very thin wire, which it was first intended to tie around half the tumor, which was about the size of a crown piece. But the wire ran so easily through it, that the whole was completely removed, and the parts are now fast cicatrizing. This is rather a quicker measure than the ligature, and just as secure, since hæmorrhage is so rare.—*Ibid.*

A Substitute for Mercury in Syphilitic Diseases.—M. E. ROBIN has read a paper before the Academy of Sciences of Paris, with the following title:—"On Certain new Agents calculated as Substitutes for Mercury when used as an Anti-syphilitic Remedy." In former papers, M. Robin has maintained these propositions:—"Mercurial preparations do not act in a peculiar manner when administered in Syphilitic diseases; they merely combine with the virus and change it into a new or inert compound. Now there are a great many substances which form analogous combinations with organized matter, which substances probably have, like mercury, anti-syphilitic virtues; and it will be found that the agents of this class, which have thus been successfully employed, belong to the antiseptic division of remedies which act by combining with the noxious principles. In this manner we can understand whence arise the anti-syphilitic properties of arsenical, gold, silver steel, and antimonial preparations. Hence arises the likelihood of success, if attempts be made to use such organic substances as the bichromate of potash, or sesquichloride of iron, instead of mercurials."

M. Robin induced Dr. Vicenti, of Paris, to try a few experiments with the bichromate of potash to combat syphilis; the salt was employed in three cases with much success, and of these, one was marked by very severe secondary symptoms. Fifteen grains of bichromate were divided into eighty pills, with extract of gentian. One of these was taken night and morning. They agreed pretty well with the stomach, though some opium was necessary to prevent nausea and vomiting. The patient took 240 pills in the space of about three months, and was then quite well of a very intense attack of iritis, accompanied by other syphilitic symptoms, which had almost blinded him. The patient had had an indurate chancre, and had never taken any mercury.—*Ibid.*

Dr. Lebert on the Structure of Cataract.—DR. LEBERT stated, a short time ago, before the Surgical Society of Paris, that he had no faith in certain ammoniacal preparations which had been supposed capable of producing resolution in case of incipient cataract. He examined crystalline lenses somewhat altered in structure, and found very important changes. In hard cataract, for instance, there was an opaque, granular substance interposed between the lamellæ of the lens; this substance is beyond the action of the absorbents, as the lamellæ themselves are horny and atrophied. In soft cataract there is seen in the crystalline cells an effusion of a milky fluid, and in this fluid crystals of cholestearine can be distinguished, the lamellæ being at the same time softened and hypertrophied. None but a surgical treatment can, in such cases, be followed by a successful result. It was shown during the discussion that those cases which were benefitted by Gondret's ammonical ointment, were not cases of incipient cataract, but instances of an early stage of amaurosis.—*Ibid.*

PATHOLOGY AND PRACTICE OF MEDICINE.

Hereditary Insanity.—DR. MOREAU (de Tours), Physician to the Bicêtre Hospital at Paris (for old insane men), has read before the Academy of Science, an important paper with the following title:—"On hereditary predisposition to cerebral affections.—Can this predisposition be recognized by any particular signs?" The author rests his reasoning principally on comparative anatomy; his views may be condensed as follows: Constant and invariable laws regulate the manner in which the organization of the parents is transmitted to the offspring; hence arises likeness. The latter is not handed down in the shape of a few isolated features, but by the transmission of two great series of organs, which series are perfectly defined and distinct. One of these series includes the external form and configuration; the other regulates nervous functions. The transmission takes place according to fixed laws: when one of the parents communicate one series, the second parent transmits the other.

Passing afterwards from animals to man, and applying the above laws to human beings in their pathological order, Dr. Moreau has found that, in the majority of cases, when an hereditary similarity to *one* of the parents has been made manifest by certain pathological alterations of that portion of the nervous system which ministers to the intellectual faculties, the distinctive characters of that series of organs which preside over the expression of the face—viz., the vulgar acceptance of likeness—will not fail to have been transmitted by the *other* parent. This assertion is supported by 164 cases in a given number of 192.

The author, therefore, considers as demonstrated: 1st. That the law of hereditary transmission, according to series of organs, is founded upon truth, within certain limits, both as regards men and animals. 2d. That the transmission of cerebral disturbance and of the physical likeness may be effected by either parent, but most often by one of them only. 3d. That a family being given, among whose stock there have been one or more individuals affected with insanity, it is very probable that the hereditary disease will settle in preference upon such of the children as have little or no physical likeness with the relatives in whom the disease has originated; and that the mental affection will, on the contrary, not affect that portion of the offspring who bear to those relatives a more or less striking physical likeness.

We would here merely remark, that the above assertions are well worthy of investigation and discussion, as it is evident that prophylaxis would in some degree become easy, if these positions turn out perfectly correct.—*London Lancet.*

Poisoning by Datura Stramonium.—By Dr. BREWESTON of Doncaster.—Early in the afternoon of the 14th of October, I was summoned to see two children of the respective ages of five and three years, who were described by the messenger as having suddenly "gone out of their

heads." They had been picked up in the street in this state, and carried into the house of the stranger.

I immediately recognized the symptoms of poisoning by one of the *Solanææ*. The face was flushed; the eyes were staring and brilliant, and the pupil was fixed and excessively dilated. There was complete loss of vision, imperfect control over voluntary muscular action, and violent delirium, which was alternately mirthful, furious, or dolorous, directed to some imaginary source of pleasure, or repugnance, and accompanied with corresponding gesticulations. The tongue was occasionally thrust from the mouth, and the throat, which appeared to be the only sensible seat of discomfort, was grasped and torn by the hands, as if the patients imagined it to be oppressed by some foreign body. Their attention could not be aroused to anything which was said, and they resisted all attempts at interference with piteous cries or violent struggling.

I suspected the poison of belladonna, and caused search to be made in the neighborhood for the berries of that plant, administering emetic doses of sulphate of zinc in the meantime. The patients exhibited apparent reluctance to swallow, keeping the jaws rigidly closed, and resisting the administration of the remedy with their hands, though they were not sufficiently conscious properly to direct such efforts. The stomach was slow to act, but after considerable perseverance vomiting was induced. Numerous seeds of *datura* were detected in the ejecta; indeed a much greater quantity than has been known to cause death.

It seemed, from the search which had been made, that the poisonous herb had been thrown out from a neighboring garden, and several emptied and divided thorn-apples were discovered. A third child confessed to have eaten a smaller quantity of the seeds, and she was slightly though not alarmingly affected. The poison having been retained four or five hours when vomiting took place, a sharp aperient dose was administered, which, after some hours' delay, acted moderately. Cold was from the first assiduously applied to the head.

At five p. m. four hours from my being first called, though the symptoms were somewhat abated, vision and consciousness to external things were not restored, and the delirium returned at intervals with nearly all its previous violence. The parents of the children, who were now present, were not noticed by them, save occasionally to be embraced or attacked for some imaginary benefit or injury. I subjected the patients to a shower-bath, and applied a blister to the back of the neck.

At nine vision was partially restored in the elder child, and the *hallucinations* were in a great measure supplanted by *illusions*, which indicated some return of consciousness.

At eleven the delirium had become of a muttering type; the patients were drowsy, and displayed a comatose tendency. In the elder child the pupil, though contracted in the dark, gradually dilated to the stimulus of light. Sinapisms were now applied to the feet, calves, &c. Alternate doses of strong tea and ammonia were given; the face was occasionally sprinkled with water, and other means were used to prevent sleep.

At five o'clock the ensuing morning, the victims were allowed to sleep, and both awoke before noon, perfectly conscious and well.

On the morning of the third day, the body of the younger child became covered with a small papular eruption, which continued for several days, accompanied with fever.

The effects of the poison were *purely nervous*. The *cerebrum* was first affected; hence arose perverted vision, illusive delirium, and, as consciousness diminished, pure hallucinations. The derangement next attacked the *cerebellum*, as was shown in the loss of control over voluntary muscular action.

Finally, the *medulla spinalis* was implicated, as was evinced by the spasmodic motions of the extremities, &c. In each organ, the first effect seemed to be *stimulation*. This was followed by *perversion*, and lastly, by *depression*, and threatened *extinction* of the function.

It is then incorrect, with such evidence as the above recorded symptoms present, to class *datura* among the *narcotico-irritant* poisons. This term has been vaguely applied by toxicologists to several poisons which are in no proper sense of the term irritants; and which only differ from the *narcotics proper*, either in affecting more peculiarly the spinal cord, or in the stimulating effects—the first result of all narcotics—being more marked or of longer continuance than the narcotism which follows. Death may even occur from over stimulation, before the depression sets in. I have, for instance, poisoned animals with Indian hemp, some of which have died in a state approaching to *tetanus*, while others have survived this state to perish by *coma*, or, at least, by *nervous depression*. It is probable that a poisonous dose of *strychnine*, if it did not first kill by over-excitation of the spinal cord, would eventually do so, like *aconite*, by depression of that organ.—*Prov. Jour. from Dublin Med. Press.*

Causes of Albuminous Urine.—M. ED. ROBIN lately read a paper on the above subject before the Academy of Medicine of Paris; we subjoin an abstract of the same:—In the normal state the albumen is burnt in the blood, and the nitrogenized residue of this combustion—viz., urea and uric acid—is eliminated by the urine. The combustion is, however, not so complete as not to allow some little albumen to escape with the renal secretion; but this albumen, besides being very small in amount, is somewhat different from the ordinary kind. M. Robin thinks that if during a sufficiently long time the albumen underwent in the circulation a much smaller amount of combustion than is habitually the case, it might pass unaltered into the urine, instead of being thrown off in the form of urea and uric acid. The author cites the following facts in support of his opinion:—

The urine becomes albuminous in croup, in complete ascites, and in cases of capillary bronchitis, with emphysema, accompanied by much dyspnoea; in pulmonary phthisis, especially when complicated by pneumonia and marked with difficult breathing; in gestation, when sufficiently

advanced to occasion an habitual congestion of the kidneys, owing to an impeded abdominal circulation; and in such states of the system in which a very incomplete respiration causes a marked diminution of combustion. The urine is also albuminous in cyanosis, of whichever nature it may be; in affections of the heart when they exist in such a degree as to keep the patients in a state of semi-asphyxia; and, of course, in such cases where an obstacle to the circulation of the blood, or a malformation of the heart, prevents the hæmatisation from being as rapid as under ordinary circumstances. The urine is likewise albuminous in idiopathic or traumatic lesions of the nervous centres, which cause a lowering of temperature, and thereby a marked decrease of combustion; in diabetes, a disease where very often a lesion of the nervous centre seems to be the origo mali; where the great abundance of sugar in the blood seems to be an obstacle to the combustion of albumen; and where finally the natural heat is lowered by one or two degrees with patients who are severely affected. The urine is albuminous in that kind of nervous exhaustion which characterizes the state of frame called lumbago, which exhaustion must be connected with a great diminution of calorification, and slow combustion. The urine is likewise albuminous in consequence of severe exposure to cold of a large surface of the body. Finally, Bright's disease, where the urine is always albuminous and anæmic, is especially attributed to many of the causes which have been above enumerated as capable of exciting the passage of albumen into the urine.

The author continues by stating that some useful data may be obtained from comparative physiology. As a general rule the urine of the common mammalia and of birds contains no albumen. Among reptiles, on the other hand, the batrachia, so remarkable by the low temperature of their animal heat, yield urine in which albumen is always to be found. It now remains to be proved, says M. Robin, that the urine becomes albuminous under the influence of such agents as interfere in a marked degree with slow combustion. The author then adduces the following conclusions:—

When the activity of the combustion which takes place in the blood is too feeble to burn the whole of the albumen which, in the normal state, should be consumed in a given time, the general vitality is diminished, and thus more or less albumen is allowed to pass unaltered into the urine,—viz., just so much organic matter as escapes the transformation into urea or uric acid. The proportion of urea contained in albuminous urine should therefore be smaller than it is found in normal urine, and such is found to be the case in the following diseases, the only ones, according to the author, in which experiments have been made—viz., pulmonary phthisis, diseases of cerebro-spinal axis, extensive and acute bronchitis with intense dyspnœa, and Bright's disease.—*London Lancet.*

Strangulated Hernia Reduced during Vomiting.—*L'Union Médicale* mentions that Dr. Kuttlinger, of Erlangen, in Germany, tried the taxis upon a woman sixty-four years of age, whose crural hernia was strangu-

¹ated; but without success. The patient was soon attacked with vomiting, and whilst she was making efforts, Dr. Kuttlinger seized the tumor, pressed it with some force, and succeeded in reducing it in the very midst of the straining. Three months afterwards strangulation occurred again, the taxis was tried in vain, and reduction was effected exactly in the same manner as before.—*Ibid.*

ANATOMY AND PHYSIOLOGY.

Why is a true Corpus Luteum formed only in cases of Impregnation.
By Dr. ALEXANDER HARVEY.—Taking it for granted that the assumption is a true one that a *genuine* corpus luteum does only occur in impregnation, though a *false* one appears after each oviposit, the author seeks for a reason, and finds one in the following explanation:

1. When a mature ovum is impregnated, provision is forthwith made to retain it in utero, and both ovum and uterus become the seat of active vital processes, which cause a prolonged determination of blood to the reproductive organs. The ruptured ovisac participates in this afflux and the organizable deposit which it contains is placed under circumstances favorable to the exercise of its inherent powers of growth, and thus it becomes developed into a true corpus luteum.

2. On the other hand, when the ovum is not impregnated, it is thrown off in the menstrual discharge, no prolonged afflux taking place as in the former case; the organizable deposit is not favorably placed for further development, and a *false* corpus luteum is the consequence.—*Monthly Jour. of Med. Scien. from Prov. Med. and Surg. Jour.*

On the Employment of Sulphate of Zinc as an Antiseptic.—M. Falcony states, as the result of his experimental researches, that sulphate of zinc is not only eminently antiseptic, preserving animal substances from decay, but that it actually arrests the progress of putrefaction which has once commenced. The injection of four or five quarts of the solution of this salt in water, through the arteries, suffices for the preservation of a human body, in a state of perfect flexibility for upwards of forty days. Anatomical preparations thus made, will serve for dissection for a considerable period; the use of the solution not affecting the steel instruments employed. M. Falcony has also found, that preparations which have undergone change by maceration, resume their original character when immersed in a solution of sulphate of zinc.—*London Med. Times.*

Monstrosity.—M. Bérard lately brought to the Academy of Medicine two lambs yeaned at the full period, which presented but one head. The neck was also single, but by compressing it, two vertebral columns might be felt; the sternum of each animal was soldered to the same bone in the other, and the upper part of the abdomen of each lamb was also connected. There were two distinct hearts, one being rudimentary, and situated anteriorly and to the right side, the other strong and large, posteriorly and to the left side. There were also two livers, one large on

the right side, the other smaller to the left, the first of these organs receiving the umbilical vein, which came from the foetus on the left. The disposition of parts within the skull was highly interesting, and was thus described:—Each spinal marrow enters the head by a distinct occipital hole, and the duality still persists within the head, which externally seems but single. There are two pontes Varolii, two calami scriptorii, there is a fourth ventricle on each side, and two cerebelli, which are connected in the mesian line. Higher up there is quite a collection of corpora quadrigemina, four of them in the centre quite in the normal state, and one situated on either side of this mass. The duality, however, ceased at that spot, for further on there is but one optic thalamus, one corpus striatum, and finally two hemispheres as might be seen in a slight foetus.—*London Lancet*.

On the Transportation of the two Aortæ into one in Embryonic Vertebrata.—M. SERRES read a paper before the Academy of Sciences of Paris, on the 22d of December, wherein he confirms the experiments of Dr. Allen Thompson and Mr. Milne Edwards, touching the time of embryonic life, when the originally double aorta is conjoined into one. M. Serres placed the embryo chicken with the omphalo-mesenteric membrane on a plate of glass; as the action of the air and cold arrests the circulation, the blood becomes coagulated in the vessels, the transparency of which allows the sanguineous injection to be seen. By means of a series of preparations thus arranged, the above-mentioned union is seen to take place towards the middle of the dorsal region from the fiftieth to the sixtieth hour; it then extends upwards from the sixty-fifth to the seventieth hour, and progresses downwards from this latter period. Thus, at the end of the third day, and, at the latest, of the eighty-fifth hour, the two arterial trunks are united, and form but one vessel.—*Ibid*.

MATERIA MEDICA AND THERAPEUTICS.

Tartaric Acid used for aiding the solution of Disulphate of Quinine.—A few drops of dilute sulphuric acid will, as is well known, aid to dissolve disulphate of quinine, but the taste of the mixture is then very bitter and disagreeable. Messrs. Bouchardat, Righni, and Ruspini advise tartaric acid to be used for the purpose of hastening the solution of the quinine instead of sulphuric acid; and M. Casorati has found that one grain of the tartaric acid is sufficient to saturate three of disulphate of quinine, the compound being then a sulpho tartrate of quinine, and not at all unpleasant to the taste.—*London Lancet*.